

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-02-2004 90012 005 ***150.00

DOCUMENT # J83024	
1. Entity Name TERRACE BANK	

Principal Place of Business 5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA, FL 33687-6828 US	Mailing Address 5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA, FL 33687-6828 US
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66402578



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2689717	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
John W. Puffer, III 5140 E. Fowler Avenue Tampa, FL 33617		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWEESE, WILLIAM O 4033 PRIORY CIRCLE TAMPA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tomasmo Paul 12301 N. 52nd St Tampa, FL 33617 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, JOHN J 701 BANNOCK AVENUE TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harvill, Alan D. 806 S. Newport Ave. Tampa, FL 33606 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CHARLES G P.O. BOX 68 INDIAN ROCKS BEACH, FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, ANN MCKEEL 606 S RIVERHILLS DR TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID J 18305 TOMLINSON DRIVE LUTZ, FL 33549 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, BRETT 15805 HAPTON VILLAGE DR TAMPA, FL 33618 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brett Mills David Smith SPD/Asacer 1-22-04 813349-4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #