

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 APR -6 PM 5:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000037271 (1)**

1. Corporation Name

**FLORIDA GULFCOAST BANCORP, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
1549 RINGLING BOULEVARD 1549 RINGLING BOULEVARD  
SARASOTA FL 34236 SARASOTA FL 34236

3. Date Incorporated or Qualified **05/09/1994** 3a. Date of Last Report **N/A**  
4. FEI Number **65-0525789** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **POST OFFICE BOX 49557**  
22 City & State 27 **C/O ENTERPRISE NAT'L BANK**  
23 Zip 28 **SARASOTA, FL**  
24 Country 29 **34230** 30 **U.S.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DCOLEY, WILLIAM A  
2070 RINGLING BOULEVARD  
SARASOTA FL 34237**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature) (Typed or printed name of registered agent and this registrant) (Date)

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | <b>D</b>                       | 1. TITLE  | <b>D / C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>KUNK, STEPHEN E</b>         | 12. NAME  | <b>KUNK, STEPHEN E.</b>   |
| STREET ADDRESS             | <b>1549 RINGLING BOULEVARD</b> | 13. STREET ADDRESS                                    | <b>1549 RINGLING BOULEVARD</b>  |
| CITY, ST, ZIP              | <b>SARASOTA FL 34236</b>       | 14. CITY, ST, ZIP                                     | <b>SARASOTA, FL 34236</b>   |
| TITLE                      | <b>D</b>                       | 2. TITLE  | <b>D / P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>HUDSON, TRAMM</b>           | 22. NAME  | <b>HUDSON, TRAMM</b>  |
| STREET ADDRESS             | <b>1549 RINGLING BOULEVARD</b> | 23. STREET ADDRESS                                    | <b>1549 RINGLING BOULEVARD</b>  |
| CITY, ST, ZIP              | <b>SARASOTA FL 34236</b>       | 24. CITY, ST, ZIP                                     | <b>SARASOTA, FL 34236</b>   |
| TITLE                      | <b>D</b>                       | 3. TITLE  | <b>V / T / S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ABELMANN, TOM</b>           | 32. NAME  | <b>ABELMANN, TOM</b>  |
| STREET ADDRESS             | <b>1549 RINGLING BOULEVARD</b> | 33. STREET ADDRESS                                    | <b>1549 RINGLING BOULEVARD</b>  |
| CITY, ST, ZIP              | <b>SARASOTA FL 34236</b>       | 34. CITY, ST, ZIP                                     | <b>SARASOTA, FL 34236</b>   |
| TITLE                      |                                | 4. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |                                | 42. NAME  |   |
| STREET ADDRESS             |                                | 43. STREET ADDRESS                                    | <b>300001451443</b>   |
| CITY, ST, ZIP              |                                | 44. CITY, ST, ZIP                                     | <b>-04/10/95--01011--015</b>  |
| TITLE                      |                                | 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |                                | 52. NAME  |   |
| STREET ADDRESS             |                                | 53. STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                | 54. CITY, ST, ZIP                                     |   |
| TITLE                      |                                | 6. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |                                | 62. NAME  |   |
| STREET ADDRESS             |                                | 63. STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                | 64. CITY, ST, ZIP                                     |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:  **THOMAS P. ABELMANN** 3/23/95 (813) 954-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR