

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000037271 (1)
1. Corporation Name

FLORIDA GULFCOAST BANCORP, INC.



Principal Place of Business: 1549 RINGLING BOULEVARD, SARASOTA FL 34236
Mailing Address: POST OFFICE BOX 49557, C/O ENTERPRISE NAT'L BANK, SARASOTA FL 34230

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/09/1994	04/06/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23. City & State	28. City & State	65-0525789	
24. Zip	29. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOOLEY, WILLIAM A 2070 RINGLING BOULEVARD SARASOTA FL 34237	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
	FL

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNK, STEPHEN E	1.2 NAME	See Attached List
STREET ADDRESS	1549 RINGLING BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, TRAMM	2.2 NAME	
STREET ADDRESS	1549 RINGLING BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELMANN, TOM	3.2 NAME	
STREET ADDRESS	1549 RINGLING BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALL, ROBERT M II	4.2 NAME	
STREET ADDRESS	1806 38TH AVE. EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	4.4 CITY-ST-ZIP	
TITLE	DAVI <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DSO, JOHN B	5.2 NAME	Davidson, John B.
STREET ADDRESS	1281 SOUTH TAMiami TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE	FEAT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, DONALD O	6.2 NAME	Featherman, Donald O.
STREET ADDRESS	5122 KESTRAL PARK WAY SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	6.4 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(3)(k), Florida Statutes. I further certify that the information indicated 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 (if change in position on an attachment with an address).

SIGNATURE: THOMAS P. ABELMANN 2/9/96 (941) 954-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day/Time Phone #

CR2E034 (12/95)

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Director
Mr. James W. Heavener
3260 University Boulevard, Suite 210
Winter Park, Florida 32792

Director
Mrs. Alyce W. Kalin
5252 South Tamiami Trail
Sarasota, Florida 34231

Director
Mr. Wendel F. Kent
P.O. Box 826
Tallevast, Florida 34270

Director
Mr. Richard E. Nelson
2070 Ringling Boulevard
Sarasota, Florida 34237

Director
Alan H. Porter, M.D.
3663 Bee Ridge Road
Sarasota, Florida 34233

Director
Mr. Ernest C. Sears, Jr.
5116 Ocean Boulevard
Sarasota, Florida 34242