

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 27 PM 4:24

DOCUMENT # **P94000077992 (3)**

1. Corporation Name  
**GULF WEST BANKS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
425 22ND AVENUE NORTH ST PETERSBURG FL 33704	425 22ND AVENUE NORTH ST PETERSBURG FL 33704

3. Date Incorporated or Qualified <b>10/24/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3276590</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Not At 12/31/94</b>

9. Name and Address of Current Registered Agent

**CAMPBELL, GORDON W  
425 22ND AVENUE NORTH  
ST PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	President, Director, Chairman
1.3 STREET ADDRESS	Gordon W. Campbell
1.4 CITY - ST - ZIP	425 - 22nd Avenue North St. Petersburg, FL 33704
2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	Treasurer, Secretary
2.3 STREET ADDRESS	Barry K. Miller
2.4 CITY - ST - ZIP	425 - 22nd Avenue North St. Petersburg, FL 33704
3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Director
3.3 STREET ADDRESS	John Wm. Galbraith
3.4 CITY - ST - ZIP	360 Central Avenue, #1300 St. Petersburg, FL 33701
4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	Director
4.3 STREET ADDRESS	Thomas M. Harris
4.4 CITY - ST - ZIP	150 2nd Avenue North, #1500 St. Petersburg, FL 33701
5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME	Director
5.3 STREET ADDRESS	Algis Koncius
5.4 CITY - ST - ZIP	5725 Dragon Way, Suite #219 Cincinnati, OH 45227
6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	Director
6.3 STREET ADDRESS	Louis P. Ortiz
6.4 CITY - ST - ZIP	888 Exec. Center Dr. W., Suite 101 St. Petersburg, FL 33702

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 110.07(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 changed, or on an attached page with an address.

SIGNATURE: *Gordon W. Campbell* *Barry K. Miller* *1/24/95* *(813) 894-5690*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director  
J. Cooper Petagna  
100 2nd Avenue South  
St. Petersburg, FL 33701

Addition

Director  
P. N. Risser, III  
2865 Executive Center Drive  
Clearwater, FL 34622

Addition