

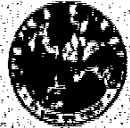
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 APR 26 AM 10:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S36570

(7)

1. Corporation Name
FIRST BANK OF THE VILLAGES

Principal Place of Business
**600 AVENIDA CENTRAL
LADY LAKE FL 32159
US**

Mailing Address
**600 AVENIDA CENTRAL
LADY LAKE FL 32159
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/08/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3018034** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MORSE, H. G
1200 AVENIDA CENTRAL
LADY LAKE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1100 MAIN STREET

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BURNSIED, R. DEWEY
5549 BANANA POINT DRIVE
OKAHUMPKA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SCHWARTZ, HAROLD S.
1200 AVENIDA CENTRAL
LADY LAKE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

1100 MAIN STREET

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BANCROFT, JOSEPH C.
134 HARMONY LANE
MCCOMB MS**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPC
STEWART, JOSEPH, JR.
34415 KINGFISH STREET
FRUITLAND PARK FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
RINK, WESLEY W.
523 GARRARD DRIVE
TEMPLE TERRACE FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 in an attachment thereto.

SIGNATURE

Joseph Stewart, Jr.
JOSEPH STEWART, JR

PRINTED NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

(904) 753-9515

Date

Telephone No.

536576

FIRST BANK OF THE VILLAGES

ADDITIONAL DIRECTOR

**D
MICHAEL S LEVINE
33835 OVERTON DR
LEESBURG FL 34788**

OFFICERS

**V
DALE J BREAUX
903 AVENIDA CENTRAL
LADY LAKE FL 32159**

**V
JANICE B CROCKER
903 AVENIDA CENTRAL
LADY LAKE FL 32159**