

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K23286** (3)

1. Corporation Name
GREAT SOUTHERN BANK



Principal Place of Business
**2000 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH FL 33409
US**

Mailing Address
**POST OFFICE BOX 3305
WEST PALM BEACH FL 33402-3305
US**

3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 02/03/1995
4. FEI Number 65-0072329	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

Sign in ink, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☐ Change ☒ Addition
1.2 NAME	DONALD H. CUNNINGHAM
1.3 STREET ADDRESS	229 ORANGE TREE DRIVE
1.4 CITY - ST - ZIP	ATLANTIS, FL 33462
2.1 TITLE	D ☐ Change ☒ Addition
2.2 NAME	J. RUSSELL GREENE
2.3 STREET ADDRESS	2286 HOLLY LANE
2.4 CITY - ST - ZIP	PALM BEACH GARDENS FL 33410
3.1 TITLE	C ☐ Change ☒ Addition
3.2 NAME	ARTHUR S. HILLBRATH
3.3 STREET ADDRESS	PO BOX 3318
3.4 CITY - ST - ZIP	LANTANA FL 33462
4.1 TITLE	D ☐ Change ☒ Addition
4.2 NAME	JAMES A. SCHMID
4.3 STREET ADDRESS	8755 LAKESIDE BLVD
4.4 CITY - ST - ZIP	VERO BEACH, FL 32963
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

407-683-1600

Daytime Phone #

CR2E034 (12/95)