FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 29 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83808

1. Corporation Name
PENINSULA BANK

Principal Place of Business	Mailing Address
3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224	3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1985

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2525958 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City **FL** 95 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, SHARON R		1.2 NAME	
STREET ADDRESS	400-G MISSION TRAIL E		1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP	
TITLE	CPCE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTNOY, SIMON		2.2 NAME	
STREET ADDRESS	2 DOMINICA DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLOM, PAUL T.		3.2 NAME	
STREET ADDRESS	3320 BOURBON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RONALD A		4.2 NAME	
STREET ADDRESS	1193 HIGHLAND AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LORICCO, CARLO J		5.2 NAME	
STREET ADDRESS	3005 CARING WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTT FL		5.4 CITY-ST-ZIP	6/9/99 90019 034 $550.00
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SERENTILL, LUIS H		6.2 NAME	
STREET ADDRESS	2885 N TAMIAMI TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE: Sharon R Rubin VP/CFO 6-4-99 (941) 473-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/6/99

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