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

FILED
Mar 05 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P97000091535**

1. Corporation Name
FIRST STATE BANK OF THE FLORIDA KEYS

08/05/99 90072 031 150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1201 SIMONTON STREET KEY WEST FL	1201 SIMONTON STREET KEY WEST FL

3. Date Incorporated or Qualified: 10/24/1997

2. Principal Place of Business	2a. Mailing Address
21	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: 65-0790416 ☐ 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
DIEGO CASO 1201 SIMONTON ST. KEY WEST, FL 33040	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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JOSEPH B JR		1.2 NAME		
STREET ADDRESS	813 WADDELL AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARTMAN, GREGORY D		2.2 NAME		
STREET ADDRESS	1547 5TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERVALDI, FRANK V		3.2 NAME		
STREET ADDRESS	3406 RIVIERA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, GARY		4.2 NAME		
STREET ADDRESS	1111 JOHNSON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEMP, WILLIAM O		5.2 NAME		
STREET ADDRESS	P.O. BOX 1529		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33041		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEE, DANIEL E JR		6.2 NAME		
STREET ADDRESS	12 AZALEA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

X SIGNATURE: _____ 2/10 99 305 296-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F 3/16