

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J83024

**Entity Name:** PILOT BANK**Current Principal Place of Business:**12471 WEST LINEBAUGH AVENUE  
TAMPA, FL 33626**Current Mailing Address:**12471 WEST LINEBAUGH AVENUE  
TAMPA, FL 33626 US**FEI Number:** 59-2689717**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MADONNA CUDDIHY, ASS'T SECRETARY

04/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DEWEESE, WILLIAM O  
Address 4033 PRIORY CIRCLE  
City-State-Zip: TAMPA FL

Title PRESIDENT, DIRECTOR  
Name HELLWEGE, ROY  
Address 12471 WEST LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33626

Title CHAIRMAN  
Name PUFFER, JOHN W III  
Address 3013 VILLA ROSA PARK  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name ROSS, ANN MCKEEL  
Address 606 S RIVERHILLS DR  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name TOMASINO, PAUL  
Address 12301 N 52ND ST  
City-State-Zip: TAMPA FL 33617

Title CFO  
Name WENZEL, MICHELLE  
Address 12471 WEST LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name FERRAS , IGNACIO A. III  
Address 1153 ABBEYS WAY  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SMITH, TIMOTHY M  
Address 43400 N. OCEAN BLVD  
APT. 10-H  
City-State-Zip: FT. LAUDERDALE FL 33308

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE WENZELSVP - CONTROLLER /  
CFO

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 SOUTHWORTH, GEORGE L  
Address             P O BOX 16966  
City-State-Zip:    TEMPLE TERRACE FL 33617

Title                   DIRECTOR  
Name                 LEWIS, ROBERT E  
Address             3321 ELIZABETH COURT  
City-State-Zip:    TAMPA FL 33629