

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034909

Entity Name: FLORIDA TRADITIONS BANK

Current Principal Place of Business:

14033 8TH STREET
DADE CITY, FL 33525

Current Mailing Address:

14033 8TH STREET
DADE CITY, FL 33525 US

FEI Number: 20-8689049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STALNAKER, JAMES SJR.
14033 8TH STREET
DADE CITY, FL 33525 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ALTMAN, HOWARD AJR.
Address 15702 JESSAMINE ROAD
City-State-Zip: DADE CITY FL 33523

Title D
Name JOHNSON, LEONARD H
Address 14552 MT. ZION ROAD
City-State-Zip: DADE CITY FL 33523

Title D
Name MAGGARD, DALE E
Address 3770 CLINTON AVENUE
City-State-Zip: DADE CITY FL 33525

Title D
Name MATTOX, PAMELA L
Address 15834 JESSAMINE ROAD
City-State-Zip: DADE CITY FL 33523

Title D
Name NYE, WILLIAM F
Address 5306 FOX HUNT DRIVE
City-State-Zip: WESLEY CHAPEL FL 33542

Title PRES
Name STALNAKER, JAMES SJR.
Address 12911 TRADITION DRIVE
City-State-Zip: DADE CITY FL 33525

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: JAMES S. STALNAKER JR.

**CHAIRMAN, PRESIDENT & 02/27/2013
CEO**

Electronic Signature of Signing Officer/Director Detail

Date