

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091535

Entity Name: FIRST STATE BANK OF THE FLORIDA KEYS**Current Principal Place of Business:**1201 SIMONTON STREET
KEY WEST, FL 33040**Current Mailing Address:**1201 SIMONTON STREET
KEY WEST, FL 33040 US**FEI Number:** 65-0790413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODRICH, DORIA
1201 SIMONTON STREET
KEY WEST, FL 33040 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 KEMP, WILLIAM O
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040Title D
Name BERVALDI, FRANK VDR.
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040Title D
Name MOORE, RANDY
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040Title PD
Name SHARP, KAREN M
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040Title D
Name SPOTTSWOOD, JOHN M JR.
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040Title D
Name SPOTTSWOOD, ROBERT A
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040Title CORPORATE SECRETARY
Name GOODRICH, DORIA
Address 1201 SIMONTON STREET
City-State-Zip: KEY WEST FL 33040

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: DORIA GOODRICH**EVP, CORPORATE
SECRETARY****02/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date