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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 011358 (9)

1. Corporation Name  
VANGUARD BANK & TRUST COMPANY

Principal Place of Business  
23 SOUTH JOHN SIMS PARKWAY  
VALPARAISO FL 32580

Mailing Address  
23 SOUTH JOHN SIMS PARKWAY  
VALPARAISO FL 32580-1209



3. Date Incorporated or Qualified 07/07/1922  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0491810 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ROBERTS, M. GARY  
23 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	D/EXECUTIVE
NAME	FARRAR, ROGER L.	1.2 NAME	MATHIS, JAMES H.
STREET ADDRESS	23 JOHN SIMS PARKWAY	1.3 STREET ADDRESS	23 JOHN SIMS PARKWAY
CITY-ST-ZIP	VALPARAISO FL	1.4 CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	PD	2.1 TITLE	D
NAME	ROBERTS, M. G	2.2 NAME	HERNDON, D. TIMOTHY
STREET ADDRESS	302 MARY ESTHER BLVD	2.3 STREET ADDRESS	1753 OSPREY COVE
CITY-ST-ZIP	MARY ESTHER F	2.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D	3.1 TITLE	D
NAME	CHESSER, D. M	3.2 NAME	LONG, CLIFFORD H.
STREET ADDRESS	1201 EGLIN PARKWAY	3.3 STREET ADDRESS	251 YACHT CLUB ROAD
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32549
TITLE	D	4.1 TITLE	S
NAME	SMITH, H G	4.2 NAME	MARGIE E. ROYCE
STREET ADDRESS	123 MIRACLE STRIP PKWY SE	4.3 STREET ADDRESS	23 JOHN SIMS PARKWAY
CITY-ST-ZIP	FT WALTON BEACH, FL	4.4 CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	D	5.1 TITLE	D
NAME	WELCH, WILLIAM A	5.2 NAME	WELCH, WILLIAM A.
STREET ADDRESS	835 TANGLEWOOD DRIVE	5.3 STREET ADDRESS	4801 ROSEMONT PLACE
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	CD	6.1 TITLE	
NAME	RUCKEL, WALTER C.	6.2 NAME	
STREET ADDRESS	222 ROCKWOOD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *M. Gary Roberts*  
M. GARY ROBERTS, PRESIDENT/CEO

JANUARY 27, 1997 (904) 729-5559

Date Daytime Phone #

CR2E034 (9/96)