

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90107 015 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 011358**

1. Corporation Name

**VANGUARD BANK & TRUST COMPANY**



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
**23 SOUTH JOHN SIMS PARKWAY  
VALPARAISO FL 32580**

3. Date Incorporated or Qualified

**07/07/1922**

4. FEI Number

**59-0491810**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **24** Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

**30**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	FARRAR, ROGER L.	
STREET ADDRESS	23 JOHN SIMS PARKWAY	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS, M. G	
STREET ADDRESS	302 MARY ESTHER BLVD	
CITY-ST-ZIP	MARY ESTHER F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESSER, D. M	
STREET ADDRESS	1201 EGLIN PARKWAY	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, H G	
STREET ADDRESS	123 MIRACLE STRIP PKWY SE	
CITY-ST-ZIP	FT WALTON BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELCH, WILLIAM A	
STREET ADDRESS	4801 ROSEMONT PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RUCKEL, WALTER C.	
STREET ADDRESS	222 ROCKWOOD LANE	
CITY-ST-ZIP	NICEVILLE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850-729-5500**

CR2E034 (11/98)