FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **012294** **(5)**

1. Corporation Name
COLUMBIA BANK

Principal Place of Business	Mailing Address
2020 E. 7TH AVE. P.O. BOX 5079 TAMPA FL 33605	2020 E. 7TH AVE. P.O. BOX 5079 TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1923
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-0201930 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIMALDI,JOHN A R
2028 E.SEVENTH AVENUE
TAMPA FL 33605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	GRIMALDI, A JULIO	12 NAME	
STREET ADDRESS	4141 BAYSHORE BLVD. #604	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GRIMALDI, JOHN A	22 NAME	
STREET ADDRESS	52 MARTINIQUE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	DC	31 TITLE	☐ Change ☐ Addition
NAME	GRIMALDI, ROSE E.	32 NAME	
STREET ADDRESS	2403 BRISTOL AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	D ☐ Change XX Addition
NAME	FORD, CHRISTINA E.	42 NAME	
STREET ADDRESS	3812 PEMBERTON CREEK DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	FERLITA, C C	52 NAME	
STREET ADDRESS	109 W DAVIS BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	LOPEX, STELLA G.	62 NAME	
STREET ADDRESS	20064 GULF BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Christina E Ford Christina E. Ford Vice Pres. 2/14/95 247-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

12. 1995 List of Officers & Directors

A.J. Grimaldi, II VD
306 Caspian
Tampa, Fl. 33606

Anita Beck VD
1217 E. Wheeler Rd.
Seffner, Fl. 33584

Andria Contat V
1742 Shady Leaf Drive
Valrico, Fl. 33594

Scot Gibertini AVP
14550 Bruce B. Downs Blvd. # 22120
Tampa, Fl. 33613

Hortense Rubio Asst. Cashier
5917 N. Habana Ave
Tampa,Fl. 33617