

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 012294 (5)  
1. Corporation Name  
COLUMBIA BANK

Principal Place of Business 2026 E. 7TH AVE. P.O. BOX 5079 TAMPA FL 33605	Mailing Address 2026 E. 7TH AVE. P.O. BOX 5079 TAMPA FL 33605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0201930		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRIMALDI, JOHN A R 2026 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	
85 Zip Code		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	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMALDI, A JULIO	1.2 NAME	
STREET ADDRESS	4141 BAYSHORE BLVD. #804	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMALDI, JOHN A	2.2 NAME	
STREET ADDRESS	52 MARTINIQUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMALDI, ROSE E.	3.2 NAME	
STREET ADDRESS	2403 BRISTOL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, CHRISTINA E.	4.2 NAME	
STREET ADDRESS	2812 PEMBERTON CREEK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLITA, C C	5.2 NAME	
STREET ADDRESS	109 W DAVIS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEX, STELLA G.	6.2 NAME	
STREET ADDRESS	20064 GULF BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	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.

SIGNATURE: *Christina E. Ford* Christina E. Ford Exec. Vice Pres. 247-4811

CR2E034 (10/97)

12. List of Officers and Directors

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

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

Mark Lopez VD  
2403 Bristol  
Tampa, Fl. 33606

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

Scott Gibertini AVP  
14550 Bruce B. Downs Blvd. # 22-120  
Tampa, Fl. 33613

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

Jaimil Gonzalez Asst. Cashier  
5803 Taywood Drive  
Tampa, Fl. 33624

Kathy Cox AV  
3922 W. San Carlos St.  
Tampa, Fl. 33629