

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jan 22 1996 8:00 am  
Secretary of State

DOCUMENT # 012311

(7)

1. Corporation Name

FIRST BANK OF IMMOKALEE

Principal Place of Business

1400 NORTH 15 STREET  
IMMOKALEE FL 33934

Mailing Address

1400 NORTH 15 STREET  
IMMOKALEE FL 33934

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/07/1923

3a. Date of Last Report  
01/31/1995

4. FEI Number  
59-0153880

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

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 fee if applicable

(NOTE: Registered Agent Signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
WHISNANT, JACK  
395 NORTH 15 STREET  
IMMOKALEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
HASKEW, GARY R.  
1110 MONROE ST.  
IMMOKALEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PRICE, STEPHEN L.  
1103 N. 11TH ST.  
IMMOKALEE FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AVP  
BROWN, S. H. JR.  
901 N. 18TH ST.  
IMMOKALEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AVP  
JACKSON, SANDRA F.  
322 LIVE OAK LANE  
LABELLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPC  
WRAGE, GARY  
3704 LAKE TRAFFORD RD.  
IMMOKALEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (941)657-3171

CR2E034 (12/95)