

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 357689 (9)

1. Corporation Name

FLORIDA BANK OF COMMERCE



Principal Place of Business

1026 FLORIDA AVENUE  
PALM HARBOR FL 34683-4309

Mailing Address

1026 FLORIDA AVENUE  
PALM HARBOR FL 34683-4309

3. Date Incorporated or Qualified  
01/06/1970

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1307601

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

10. Name and Address of New Registered Agent

BATT, HOWARD  
611 DRUID RD E SUITE 712  
CLEARWATER FL 34616

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 the corporation)

(NOTE: Registered Agent's signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KOHLER, ROBERT L  
2456 APPALOOSA TRAIL  
PALM HARBOR FL

☐ DELETE

1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Morris, Daniel K D.O.  
202 Poinciana Lane  
Largo, FL 34644

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SV  
TRICE, PAUL  
11062 55TH AVE NORTH  
SEMINOLE FL

☐ DELETE

2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POSEVITZ, LASZLO D.O.  
1220 RUNNYMEDE  
DAYTON OH

☐ DELETE

3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPC  
DWYER, PAT  
205 SUNBURST CT  
CLEARWATER FL

☐ DELETE

4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
OHLMANN, WALTER  
3112 WINTERHAVEN  
DAYTON, OH 0

☐ DELETE

5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800001779388  
-04/15/96-01020--032  
\*\*\*400.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BATT, HOWARD ESQUIRE  
1605 PINELLAS ROAD  
BELLEAIR FL

☐ DELETE

6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Robert L Kohler

1/19/96 (813) 785-8810  
CS 4/14/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)