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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

21 1027 NEBRASKA AVE

2a. Mailing Address

26 1027 NEBRASKA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 PALM HARBOR FL

City & State
28 PALM HARBOR FL

Zip
24 34683

Country
25 PINELLAS

Zip
29 34683

Country
30 PINELLAS

3. Date Incorporated or Qualified

01/06/1970

3a. Date of Last Report

04/14/1996

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

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

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

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

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

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

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

TITLE D ☐ DELETE
NAME BATT, HOWARD ESQUIRE
STREET ADDRESS 1805 PINELLAS ROAD
CITY-ST-ZIP BELLEAIR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SVP ☐ Change ☒ Addition
1.2 NAME GRUTCHFIELD, SCOTT A
1.3 STREET ADDRESS 2918 HILLCREEK CR SO
1.4 CITY-ST-ZIP CLEARWATER FL 34619

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA L. DWYER 1/16/97 (813) 5870944

Date

Daytime Phone #

CR2E034 (9/96)