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Mar 23 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 # 392679 (7)

1. Corporation Name

BANK OF PENSACOLA

7032  
7855000

Principal Place of Business

7150 N 9TH AVENUE  
P.O. BOX 40805 12966  
PENSACOLA FL 32524-7885

Mailing Address

7150 N 9TH AVENUE  
P.O. BOX 40805 12966  
PENSACOLA FL 32524-7885



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1378561	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

YOUD, JOSEPH R., JR.  
7150 NORTH NINTH AVENUE  
PENSACOLA FL 32524-7885

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

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	CP	1.1 TITLE	
NAME	TAYLOR, W LUTHER	1.2 NAME	
STREET ADDRESS	4641 CANOPY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	
NAME	FAIR, ROBERT L.	2.2 NAME	
STREET ADDRESS	3221 BAYSHORE SQ	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	WERNET, DELORES K.	3.2 NAME	Ashley H. Schubert Jr.
STREET ADDRESS	100 PINE TREE DR	3.3 STREET ADDRESS	1816 E. Strong St.
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	VP	4.1 TITLE	
NAME	WADE, PAMELA E.	4.2 NAME	
STREET ADDRESS	3360 AlysHEBA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	
TITLE	SVD	5.1 TITLE	
NAME	YOUD, JOSEPH R. JR.	5.2 NAME	200002465932
STREET ADDRESS	1106 HARBOR LANE	5.3 STREET ADDRESS	-03/24/98--01020--015
CITY-ST-ZIP	GULF BREEZE FL	5.4 CITY-ST-ZIP	***150.00
TITLE	VP	6.1 TITLE	
NAME	WILLIAMS, SARAH L.	6.2 NAME	
STREET ADDRESS	7725 LEGRANDE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 0	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 \_\_\_\_\_

CR2E034 (10/97)

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ADDITIONAL OFFICERS:

CYNTHIA L. SCALLAN  
ASST. VICE PRESIDENT  
1658 KALAKAUA CT.  
GULF BREEZE, FL 32561

PATRICIA R. THOMPSON  
ASST. VICE PRESIDENT  
1226 EAST JACKSON STREET  
PENSACOLA, FL 32501

DIANE W. NORWOOD  
ASST. CASHIER  
9615 BOBWHITE WAY  
PENSACOLA, FL 32514

F. RANDALL KEALER  
VICE PRESIDENT  
2122 FOXFORD STREET  
CANTONMENT, FL 32533