

**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 # 421643 (8)

1. Corporation Name  
**THE BANK OF TAMPA**



Principal Place of Business  
**4400 N ARMENIA AVE  
TAMPA FL 33603  
US**

Mailing Address  
**P. O. BOX ONE  
TAMPA FL 33601-0001  
US**

3. Date Incorporated or Qualified <b>03/21/1973</b>	3a. Date of Last Report <b>03/13/1995</b>
4. FEI Number <b>59-1447189</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DOUGHERTY, MICHAEL R.  
4400 N ARMENIA  
TAMPA FL 33603**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (Name of Registered Agent or Director) \_\_\_\_\_ (Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, LONNIE N		1.2 NAME	G. Robert Blanchard	
STREET ADDRESS	4400 N ARMENIA AVE		1.3 STREET ADDRESS	1414 Swann Avenue, Suite 201	
CITY-STATE-ZIP	TAMPA FL		1.4 CITY-STATE-ZIP	Tampa, FL 33606	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIVERS, A. GERALD		2.2 NAME	James L. Ferman, Jr.	
STREET ADDRESS	601 BAYSHORE BLVD		2.3 STREET ADDRESS	1307 Kennedy Blvd.	
CITY-STATE-ZIP	TAMPA FL		2.4 CITY-STATE-ZIP	Tampa, FL 33606	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGHERTY, MICHAEL		3.2 NAME	S. C. Bexley, Jr.	
STREET ADDRESS	4400 N ARMENIA AVE		3.3 STREET ADDRESS	6332 Wisteria Loop	
CITY-STATE-ZIP	TAMPA FL		3.4 CITY-STATE-ZIP	Land o'Lakes, FL 34639	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOND, BARBARA A.		4.2 NAME	Charles M. Davis, Jr.	
STREET ADDRESS	601 BAYSHORE BLVD		4.3 STREET ADDRESS	5521 W. Cypress St.	
CITY-STATE-ZIP	TAMPA FL		4.4 CITY-STATE-ZIP	Tampa, FL 33607	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, STEPHEN A.		5.2 NAME	James W. Gray, Jr.	
STREET ADDRESS	4400 N ARMENIA AVE		5.3 STREET ADDRESS	5405 Cypress Center Drive, #250	
CITY-STATE-ZIP	TAMPA FL		5.4 CITY-STATE-ZIP	Tampa, FL 33609	
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILES, ROBERT F JR.		6.2 NAME	Peter W. Minford	
STREET ADDRESS	601 BAYSHORE BLVD		6.3 STREET ADDRESS	4400 N. Armenia Avenue	
CITY-STATE-ZIP	TAMPA FL		6.4 CITY-STATE-ZIP	Tampa, FL 33603	

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: *Barbara A. Diamond* **Barbara A. Diamond** Secretary **2/20/96** **(813)872-1267**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Item No. 13 continued:

V

Ann L. Giles  
4400 N. Armenia Avenue  
Tampa, FL 33603

V

Bruce P. Johnson  
4400 N. Armenia Avenue  
Tampa, FL 33603

V

John H. Marshall  
4400 N. Armenia Avenue  
Tampa, FL 33603

V

Dominick A. Minotti  
4400 N. Armenia Avenue  
Tampa, FL 33603

V

William O. West  
4400 N. Armenia Avenue  
Tampa, FL 33603

V

James R. Wilmouth  
4400 N. Armenia Avenue  
Tampa, FL 33603

V

A. Chris Anderson  
601 Bayshore Boulevard  
Tampa, FL 33606

V

Deborah L. Giglio  
601 Bayshore Boulevard  
Tampa, FL 33606

V

Ronald V. Hernandez  
601 Bayshore Boulevard  
Tampa, FL 33606

V

Rafael Martinez-Ybor  
601 Bayshore Boulevard  
Tampa, FL 33606

V

E. R. Bourkard, Jr.  
202 N. Franklin Street  
Tampa, FL 33602