

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 421643 (8)**  
 1. Corporation Name  
**THE BANK OF TAMPA**

Principal Place of Business <b>4400 N ARMENIA AVE                  TAMPA FL 33603                  US</b>	Mailing Address <b>P. O. BOX ONE                  TAMPA FL 33601-0001                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>03/21/1973</b>	4. FEI Number <b>59-1447189</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 <b>RICHARD L. JUNKERMANN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4400 N. Armenia Avenue</b>
83
84 City <b>Tampa</b>
85 State <b>FL</b>
86 Zip Code <b>33603</b>

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: *Richard L. Junkermann* **Senior Vice President** DATE: **2/4/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BLANCHARD, G R</b> <b>1414 SWANN AVENUE, SUITE 201</b> <b>TAMPA FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DIVERS, A. GERALD</b> <b>601 BAYSHORE BLVD</b> <b>TAMPA FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DOUGHERTY, MICHAEL</b> <b>4400 N ARMENIA AVE</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DIAMOND, BARBARA A.</b> <b>601 BAYSHORE BLVD</b> <b>TAMPA FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARTIN, STEPHEN A.</b> <b>4400 N ARMENIA AVE</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GILES, ROBERT F JR.</b> <b>601 BAYSHORE BLVD</b> <b>TAMPA FL</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>C</b> <b>BLANCHARD, G. ROBERT</b> <b>1414 SWANN AVENUE, SUITE 201</b> <b>Tampa, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Senior Vice President</b> <b>Richard L. Junkermann</b> <b>4400 N. Armenia Avenue</b> <b>Tampa, FL 33603</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Senior Vice President</b> <b>Ronald L. Hernandez</b> <b>601 Bayshore Boulevard, Suite 625</b> <b>Tampa, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Barbara A. Diamond* **Barbara A. Diamond, Secy. 2/5/98 (813)872-1267**

CR2E034 (10/97)