


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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 421643

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1973	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-1447189	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <input type="checkbox"/> Suite, Apt. #, etc.	2a. Mailing Address 26 <input type="checkbox"/> Suite, Apt. #, etc.
23 City & State 24 Zip Country	28 City & State 29 Zip Country

9. Name and Address of Current Registered Agent

JUNKERMANN, RICHARD L
4400 N ARMENIA
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	C	<input type="checkbox"/> DELETE
NAME	BLANCHARD, C ROBERT	
STREET ADDRESS	1414 SWANN AVE, SUITE 201	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIVERS, A. GERALD	
STREET ADDRESS	601 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JUNKERMANN, RICHARD L	
STREET ADDRESS	4400 N ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAMOND, BARBARA A.	
STREET ADDRESS	601 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, RONALD L	
STREET ADDRESS	601 BAYSHORE BLVD, SUITE 625	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILES, ROBERT F JR.	
STREET ADDRESS	601 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLANCHARD, G. Robert	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Katherine Harris Secretary Date: 2/26/99 Daytime Phone #: 813/872-1267

CR2E034 (1/198)

254364-90045-41
421643

13 Add Officers and Directors

C

James L. Ferman, Jr.
1306 W. Kennedy Boulevard
Tampa, Florida 33606

D

S. C. Bexley, Jr.
6332 Wisteria Loop
Land o' Lakes, Florida 34639

D

Blanchard, Jr., G. Robert
1414 Swann Avenue, Suite 201
Tampa, Florida 33606

D

Garcia, Luis
888 Executive Center Drive West, #101
St. Petersburg, Florida 33742

D

Harrod, Gary W.
777 Harbour Island Blvd. S, #877
Tampa, Florida 33602

D

Oellerich, Herman J.
6600 Highlands Parkway
Smyrna, Georgia 30082

S

Diamond, Barbara A.
601 Bayshore Boulevard, #100
Tampa, Florida 33606

V

Hernandez, Ronald V.
601 Bayshore Boulevard, #100
Tampa, Florida 33606

V

Richard L. Junkermann
4400 N. Armenia Avenue
Tampa, Florida 33603

V

William O-West
601 Bayshore Boulevard, #100
Tampa, Florida 33606