FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **433917** **(2)**

1. Corporation Name
BANK AT ORMOND-BY-THE-SEA

Principal Place of Business	Mailing Address
1400 OCEAN SHORE BLVD. P O BOX 3106 ORMOND BEACH FL 32176-0613	PO BOX 4318 ORMOND BEACH FL 32175-4318 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/29/1973**	3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-1467906**	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROUGHER, THOMAS A. 1400 OCEAN SHORE BLVD. ORMOND BEACH FL 32074	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	☐ Change ☐ Addition
NAME	BROUGHER, THOMAS A	1.2 NAME	
STREET ADDRESS	24 SOVEREIGN LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYO JR, HOWARD	2.2 NAME	
STREET ADDRESS	110 COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DANA V.	3.2 NAME	
STREET ADDRESS	398 TRITON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HJALMA E.	4.2 NAME	
STREET ADDRESS	509 HALE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EHRINGER, GERALD L, MD	5.2 NAME	
STREET ADDRESS	1102 OCEAN SHORE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, LEONARD H.	6.2 NAME	
STREET ADDRESS	730 E. MERIDAN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	

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)(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 added on an attachment with an address.

SIGNATURE: _____ 1/19/95 (904)441-1200
(Signature and Type or Print Name of Officer or Director) (Date) (Daytime Phone #)
THOMAS A. BROUGHER

0404367 FP