SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

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)

3. Date Incorporated or Qualified: **08/29/1973**
3a. Date of Last Report: **01/25/1995**
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

9. Name and Address of Current Registered Agent

BROUGHER, THOMAS A.
1400 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____
Signature of the President or Vice President of the Registered Agent Corporation (NOTE: Registered Agent's signature required where indicated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	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	☐ DELETE	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	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWN, DANA V.		3.2 NAME	BROWN, DANA V.	
STREET ADDRESS	398 TRITON RD		3.3 STREET ADDRESS	735 1/2 N. WILD OLIVE AVE.	
CITY-ST-ZIP	ORMOND BCH, FL 00000		3.4 CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE	DC	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EHRINGER, GERALD L, MD		5.2 NAME		
STREET ADDRESS	1182 OCEAN SHORE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Thomas A. Brougher, Executive Vice President

904/441-1200
Daytime Phone #