

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90074 014 ***150.00

DOCUMENT # 433917

1. Corporation Name

BANK AT ORMOND-BY-THE-SEA

Principal Place of Business

1400 OCEAN SHORE BLVD.
P O BOX 3106
ORMOND BEACH FL 32176-0613

Mailing Address

PO BOX 4318
ORMOND BEACH FL 32175-4318
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1973

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME **BROUGHER, THOMAS A**
STREET ADDRESS **2800 JOHN ANDERSON DRIVE**
CITY-ST-ZIP **ORMOND BCH, FL 00000**

TITLE PD ☐ DELETE

NAME **MAYO JR, HOWARD**
STREET ADDRESS **110 COUNTRY CLUB DR**
CITY-ST-ZIP **ORMOND BCH, FL 00000**

TITLE D ☐ DELETE

NAME **BROWN, DANA V.**
STREET ADDRESS **735 1/2 N WILD OLIVE AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE DC ☐ DELETE

NAME **JOHNSON, HJALMA E.**
STREET ADDRESS **509 HALE RD**
CITY-ST-ZIP **DADE CITY, FL 00000**

TITLE D ☐ DELETE

NAME **EHRINGER, GERALD L, MD**
STREET ADDRESS **1182 OCEAN SHORE BLVD**
CITY-ST-ZIP **ORMOND BCH, FL 00000**

TITLE D ☐ DELETE

NAME **JOHNSON, LEONARD H.**
STREET ADDRESS **730 E. MERIDAN AVE.**
CITY-ST-ZIP **DADE CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 (904) 441-1200

CR2E034 (11/98)