

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

Page 1 of 3

DOCUMENT # **441990** (9)
1. Corporation Name
THE KEY BANK OF FLORIDA



Principal Place of Business: **3601 WEST WATERS AVENUE, POST OFFICE DRAWER 151317, TAMPA FL 33684**
Mailing Address: **KYLE, JERRY M., 3601 W. WATERS AVENUE, TAMPA FL 33614, US**

3. Date Incorporated or Qualified: **12/14/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1471760**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **KYLE, JERRY M., 3601 W. WATERS AVE., TAMPA FL 33614**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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. (None) Registered Agent signature required when submitting.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KYLE, JERRY	
STREET ADDRESS	4306 SOUTHPARK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KINNEY, JOSIE C.	
STREET ADDRESS	4100 WALLACE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIRSCH, GAIL R.	
STREET ADDRESS	941 SEDDON COVE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, HILLERY	
STREET ADDRESS	3907 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DIGNUM, DALE	
STREET ADDRESS	2511 MASON OAKS DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	STANTON, WILLIAM	
STREET ADDRESS	8632 BURNING TREE	
CITY-ST-ZIP	SEMINOLE FL 34647	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry M. Kyle* **3/15/96** (813) 933-7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)

THE KEY BANK OF FLORIDA
 DIRECTOR AND OFFICER LIST
 MARCH 15, 1996

TITLE	NAME	ADDRESS	CITY & STATE	ZIP
D/S/T	Gail Hirsch	941 Seddon Cove Way	Tampa, FL	33602-5705
D	Lester Hirsch	941 Seddon Cove Way	Tampa, FL	33602-5705
D	Hillery Jones	2304 Lila Lane	Tampa, FL	33609
D	Jerry M. Kyle	4306 Southpark Drive	Tampa, FL	33624
D	Jack Mezrah	2708 Azeele	Tampa, FL	33609-4198
D/C	James C. Ross	606 S. Riverhills Drive	Temple Terrace, FL	33617
D	Tildon Smith	3219 Country Club Drive	Valdosta, GA	31602
D	Sexton Valenti	503 Nantucket	Temple Terrace, FL	33617-3839

441990

283

THE KEY BANK OF FLORIDA
OFFICER LIST
MARCH 15, 1996

TITLE	NAME	ADDRESS	CITY & STATE	ZIP
P	Jerry Kyle	4306 Southpark Drive	Tampa, FL	33624
EVP	Dale Dignum	2511 Mason Oaks Drive	Valrico, FL	33594
SVP/S	B.E. Mayes	515 Courtney Drive	Temple, Terrace, FL	33617
SVP	William Stanton	8632 Burning Tree	Seminole, FL	34647
VP	Brenda Gough	2804 W. Lorraine Street	Tampa, FL	33614
VP	Josie C. Kinney	4100 Wallace	Tampa, FL	33611
A/Cash	Dena DeDiego	2914 W. Lake Avenue	Tampa, FL	33607
A/Cash	Julie Fullwood	16116 Chastain Drive	Odessa, FL	33556

441990

3083