2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 442852

1. Entity Name
TIB BANK OF THE KEYS

Principal Place of Business	Mailing Address
99451 OVERSEAS HIGHWAY KEY LARGO, FL 33037	P. O. BOX 2808 KEY LARGO, FL 33037 US

DO NOT WRITE IN THIS SPACE

03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1500459
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, CONSTANCE D
% TIB BANK
99451 OVERSEAS HWY.
KEY LARGO, FL 33037

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000102229
04/05/04-80007-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	JAMES R LAWSON III
STREET ADDRESS	99541 OVERSEAS HWY
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	PCEO
NAME	LETT, EDWARD V.
STREET ADDRESS	173 CORAL AVE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	T
NAME	JOHNSON, DAVID P.
STREET ADDRESS	112 TREE LANE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	S
NAME	MILLER, CONSTANCE D.
STREET ADDRESS	255 BOUGAINVILLEA ST
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Constance D. Miller 4/1/04 305-451-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #