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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:41

DOCUMENT # **461051** **(5)**

1. Corporation Name

TRI-COUNTY COMMUNITY BANK OF LEHIGH ACRES

Principal Place of Business	Mailing Address
1261 HOMESTEAD RD NO LEHIGH ACRES FL 33936 US	1261 HOMESTEAD RD NO LEHIGH ACRES FL 33936 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1974
3a. Date of Last Report: 02/09/1994

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

4. FEI Number: 59-1503682 ☐ 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

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, 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, STEPHEN L	1.2 NAME		
STREET ADDRESS	TAYLOR RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	FELDA FL	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE	C	☒ Change ☐ Addition
NAME	~~PRICE, WILLIAM G---~~	2.2 NAME	WHISNANT, JACK	
STREET ADDRESS	~~3702 LAKE TRAFFORD RD.~~	2.3 STREET ADDRESS	395 N 15TH ST	
CITY-ST-ZIP	~~IMMOKALEE FL----~~	2.4 CITY-ST-ZIP	IMMOKALEE, FL 33934	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, JOHN J	3.2 NAME		
STREET ADDRESS	1307 DELRIDGE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMMOND, LARRY B	4.2 NAME		
STREET ADDRESS	18 PALM BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KNIGHT, T. T. JR.	5.2 NAME		
STREET ADDRESS	15625 CARRIEDALE LN SE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~WHISNANT, JACK---~~	6.2 NAME	WILLIAMS, JR. JAMES E.	
STREET ADDRESS	~~395 N 15TH ST-----~~	6.3 STREET ADDRESS	RT. 2, BOX 18	
CITY-ST-ZIP	~~IMMOKALLE FL--~~	6.4 CITY-ST-ZIP	IMMOKALEE, FL 33934	

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 on an attachment with an address.

SIGNATURE: David R. Jenkins 1-31-95 813-369-5811
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
DAVID R. JENKINS -- AVP & CASHIER

0334740 CP