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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -2 AM 9:50

DOCUMENT # 461051 (5)
1. Corporation Name
TRI-COUNTY COMMUNITY BANK OF LEHIGH ACRES

Principal Place of Business

1261 HOMESTEAD RD NO
LEHIGH ACRES FL 33936
US

Mailing Address

1261 HOMESTEAD RD NO
LEHIGH ACRES FL 33936
US

3. Date Incorporated or Qualified

09/12/1974

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 607.1506, 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 ☐ DELETE

NAME PRICE, STEPHEN L
STREET ADDRESS TAYLOR RD
CITY - ST - ZIP FELDA FL

TITLE ☐ DELETE

NAME WHISNANT, JACK
STREET ADDRESS 395 N. 15TH ST.
CITY - ST - ZIP IMMOKALEE FL

TITLE ☒ DELETE

NAME JENKINS, JOHN J
STREET ADDRESS 1307 DELRIDGE
CITY - ST - ZIP LEHIGH ACRES FL

TITLE ☐ DELETE

NAME HAMMOND, LARRY B
STREET ADDRESS 18 PALM BLVD.
CITY - ST - ZIP LEHIGH ACRES FL

TITLE ☐ DELETE

NAME KNIGHT, T. T. JR.
STREET ADDRESS 15625 CARRIDALE LN SE
CITY - ST - ZIP FT MYERS FL

TITLE ☐ DELETE

NAME WILLIAMS, JR. JAMES E.
STREET ADDRESS RT. 2, BOX 18
CITY - ST - ZIP IMMOKALEE 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CHAIRMAN & PRESIDENT

☒ Change ☐ Addition

DIRECTOR

JON R. OLLIFF
210 N. LAKE AVENUE
LEHIGH ACRES, FL 33936

☐ Change ☒ Addition

SENIOR VICE PRESIDENT
& C.E.O.

☒ Change ☐ Addition

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:

LARRY B. HAMMOND

LARRY B. HAMMOND

MARCH 8, 1996 (941)369-5811

Date

Daytime Phone #

CR2E034 (12/95)

7

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**TRI-COUNTY COMMUNITY BANK
OF LEHIGH ACRES**

**1261 HOMESTEAD ROAD N.
LEHIGH ACRES, FL 33936**

**1996 CORPORATION ANNUAL REPORT -- ATTACHMENT
TRI-COUNTY COMMUNITY BANK OF LEHIGH ACRES
FEI #59-1503682 DOCUMENT #481051 (5)**

BLOCK #12 & #13 CONTINUED:

<u>TITLE</u>	<u>NAMES</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE, & ZIP</u>
DIRECTOR	O'QUINN, JAMES W.	7301 HUNTERS POINT	IMMOKALEE, FL 33934
(CHANGE) VICE PRESIDENT & CASHIER	BENSON, CAROL E.	3116 RIVER GROVE CIRCLE S.E.	FT. MYERS, FL 33905
(DELETE) ASSISTANT V.P. & CASHIER	JENKINS, DAVID R.	872 KIDVALE STREET	LEHIGH ACRES, FL 33936
ASSISTANT V.P.	RASNAKE, DEBORAH	111 N. OREGON ROAD	LEHIGH ACRES, FL 33936
ASSISTANT CASHIER	DIBENEDETTO, MARY	107 WATERVIEW AVE.	LEHIGH ACRES, FL 33936
ASSISTANT CASHIER	MELOY, PATRICIA	3101 STYLES ROAD	ALVA, FL 33920
ASSISTANT CASHIER	SAMPSON, JULIE	2700 HICKEY CREEK RD	ALVA, FL 33920
(DELETE) ASSISTANT CASHIER	AMARI, SUSAN M.	117 ALABAMA ROAD	LEHIGH ACRES, FL 33936
ADMINISTRATIVE OFFICER	WALWORTH, SANDRA L	326 MCARTHUR AVE.	LEHIGH ACRES, FL 33936
ADMINISTRATIVE OFFICER	OWENS, HILDEGARD	419 RUSHMORE AVE. S.	LEHIGH ACRES, FL 33936