

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90036 027 ***150.00

DOCUMENT # 567703

1. Corporation Name

FLORIDA BANCORPORATION, INC.

Principal Place of Business

1027 NEBRASKA AVE
P.O. BOX 1080
PALM HARBOR FL 34682-1080
US

Mailing Address

1027 NEBRASKA AVE
P.O. BOX 1080
PALM HARBOR FL 34682-1080
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BATT, HOWARD C
611 DRUID RD E SUITE 712
CLEARWATER FL 34616

3. Date Incorporated or Qualified

04/04/1978

4. FEI Number

59-2074173

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

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 D ☐ DELETE
NAME DOCTOR, JOSEPH B. DO
STREET ADDRESS 384 COTTONWOOD COURT
CITY-ST-ZIP FAIRBORN OH

TITLE D ☐ DELETE
NAME POSEVITZ, LASZLO, DO
STREET ADDRESS 1220 RUNNYMEDE
CITY-ST-ZIP DAYTON OH

TITLE PST ☐ DELETE
NAME KOHLER, ROBERT L
STREET ADDRESS 2456 APPALOOSA TRAIL
CITY-ST-ZIP PALM HARBOR FL

TITLE D ☒ DELETE
NAME GOLDBERG, DAVID
STREET ADDRESS 7131 WHITE WATER CT
CITY-ST-ZIP DAYTON OH

TITLE D ☐ DELETE
NAME OHLMANN, WALTER
STREET ADDRESS 3112 WINTERHAVEN
CITY-ST-ZIP DAYTON OH

TITLE D ☐ DELETE
NAME STAHL, HAROLD
STREET ADDRESS 5459 FOLKSTONE DR
CITY-ST-ZIP CENTERVILLE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

ADDRESS CHANGE:
358 N. Alpha Bellbrook Rd.
Beavercreek, OH 45434

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

SPELLING CORRECTION:
Stahl, Harold

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:

Robert L. Kohler, Pres. 01-05-99

(727) 787-2265

Date

Daytime Phone #

CR2E034 (1/98)

0502627