

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 616579 (9)
1. Corporation Name
UNITED BANK AND TRUST COMPANY



Principal Place of Business Mailing Address
5801 49TH ST NORTH 5801 49TH ST NORTH
P.O. BOX 14517 P.O. BOX 14517
ST PETERSBURG FL 33733 ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 333 Third Ave. N.		26 P. O. Box 14517		04/05/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1951289	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 St. Petersburg FL		28 St. Petersburg, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33701		29 33701		30 USA	
Country		Country		Country	
25 USA		28		30	
g. Name and Address of Current Registered Agent					
WINNER, HAROLD J *SEE ADDRESS CHANGE					
5801 49TH ST N 333 THIRD AVE N					
FLORIDA STATUTES ST PETERSBURG FL 33701					
ST PETERSBURG 33708					
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, in accordance with 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, NEIL W.	1.2 NAME	
STREET ADDRESS	1 BEACH DR. S.E. #2705	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVA, HENRY	2.2 NAME	
STREET ADDRESS	6170 7TH AVE, N	2.3 STREET ADDRESS	333 Third Ave N
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DAVID K. MD.	3.2 NAME	
STREET ADDRESS	1680 FAIRWAY AVE S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAMPITT, RONALD E.	4.2 NAME	
STREET ADDRESS	P. O. BOX 10804	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, EDWARD D.	5.2 NAME	
STREET ADDRESS	801 APALACHEE DR NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACRIS, JACK A	6.2 NAME	
STREET ADDRESS	2612 KEYSTONE CT N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title, if applicable
4/16/98 813 824-8744

CR2E034 (10/97)

Block 13, DIRECTORS

0

WIER, JOHN B. JR
4450 60TH AVE N
ST PETERSBURG FL

0

WINNER, HAROLD J
333 THIRD AVE N
ST PETERSBURG FL

0

NORRIE, JOHN B
8972 BAYWOOD PARK DR
SEMINOLE FL

0

LOWE, CHARLES O
333 THIRD AVE N
ST PETERSBURG FL

0

PETRINI RON
2310 STARKEY RD
LARGO FL