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 JAN 19 AM 10:21

DOCUMENT # **698493** **(4)**

1. Corporation Name
FIRST STERLING BANK

Principal Place of Business	Mailing Address
3660 HAVENDALE BLVD WINTER HAVEN FL 33881-1063	3660 HAVENDALE BLVD WINTER HAVEN FL 33881-1063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/11/1981**
3a. Date of Last Report: **02/08/1994**

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

4. FEI Number: **59-2113632** ☐ 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

STICKLER, ROBERT W. JR.
218 SANTA ROSA DR.
WINTER HAVEN FL 33884

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	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STICKLER, ROBERT W. JR.	1.2 NAME	SEALE,J. JEFFREY	
STREET ADDRESS	218 SANTA ROSA DR.	1.3 STREET ADDRESS	1716 MARTHA DR.	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GINRICH, HERBERT O	2.2 NAME	PARKER, BRUCE L.	
STREET ADDRESS	1051 SUGARTREE DRIVE S.	2.3 STREET ADDRESS	601 COUNTRY LANE	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIAN, CECIL B	3.2 NAME		
STREET ADDRESS	2004 SHORELAND DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LAWRENCE L	4.2 NAME		
STREET ADDRESS	480 NO ECHO DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JERRY D	5.2 NAME		
STREET ADDRESS	140 SKYLAND DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, DONALD K	6.2 NAME		
STREET ADDRESS	226 BIRCH LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, if 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 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.

Robert W. Stickler, Jr.

SIGNATURE: _____ Jan. 11, 1995 813-965-2511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0310110 CP