

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F00327 (9)
1. Corporation Name
DESOTO BANKING CORPORATION

Principal Place of Business 400 N BREVARD AVENUE PO BOX 1400 ARCADIA FL 33821	Mailing Address 400 N BREVARD AVENUE PO BOX 1400 ARCADIA FL 33821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 N BREVARD AVENUE Suite, Apt. #, etc. 22 City & State 23 ARCADIA FL Zip Country 24 34266 25		2a. Mailing Address 26 P.O. BOX 1400 Suite, Apt. #, etc. 27 City & State 28 ARCADIA FL Zip Country 29 34265 30		3. Date Incorporated or Qualified 10/02/1980	
				4. FEI Number 59-2044833 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

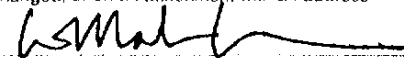
9. Name and Address of Current Registered Agent CREWS, J.W. JR. US HWY 17 & MAIN ST WAUCHULA FL FL 33873				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREWS, J.W. JR.			1.2 NAME	CREWS, J.W. JR.		
STREET ADDRESS	US HWY 17 & MAIN ST			1.3 STREET ADDRESS	US HWY 17 & MAIN ST		
CITY-ST-ZIP	WAUCHULA FL			1.4 CITY-ST-ZIP	WAUCHULA FL 33873		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREWS, W. MARKAM			2.2 NAME	CREWS, W. MARKAM		
STREET ADDRESS	400 NORTH BREVARD AVE.			2.3 STREET ADDRESS	400 NORTH BREVARD AVE.		
CITY-ST-ZIP	ARCADIA FL			2.4 CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CREWS, W. MARKAM			3.2 NAME	CREWS, W. MARKAM		
STREET ADDRESS	400 NORTH BREVARD AVE.			3.3 STREET ADDRESS	400 NORTH BREVARD AVE.		
CITY-ST-ZIP	ARCADIA FL			3.4 CITY-ST-ZIP	ARCADIA FL 34266		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: 

3-30-98

941-494-2220

CR2E034 (10/97)