

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90001 008 ***150.00

DOCUMENT # F00327

1. Corporation Name

DESOTO BANKING CORPORATION

Principal Place of Business

400 N BREVARD AVENUE
PO BOX 1400
ARCADIA FL 34266
US

Mailing Address

400 N BREVARD AVENUE
PO BOX 1400
ARCADIA FL 34265
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1980

4. FEI Number

59-2044833

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

2. Principal Place of Business

21 400 N Brevard Ave

Suite, Apt. #, etc.

22 City & State
23 Arcadia FL

24 Zip Country
34266 US

2a. Mailing Address

26 PO Box 1400

Suite, Apt. #, etc.

27 City & State
28 Arcadia FL

29 Zip Country
34265 US

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

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 PD
NAME CREWS, J.W. JR.
STREET ADDRESS US HWY 17 & MAIN ST
CITY-ST-ZIP WAUCHULA FL 33873

TITLE VSD
NAME CREWS, W. MARKAM
STREET ADDRESS 400 NORTH BREVARD AVE.
CITY-ST-ZIP ARCADIA FL 34266

TITLE T
NAME CREWS, W. MARKAM
STREET ADDRESS 400 NORTH BREVARD AVE.
CITY-ST-ZIP ARCADIA FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 941-494-2220

Date

Daytime Phone #

CR2E034 (11/98)