

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F06330** (7)

1. Corporation Name:
PUBLIC BANK

Principal Place of Business
**2500 W. 13TH STREET
ST CLOUD FL 34769-4112
US**

Mailing Address
**2500 W. 13TH STREET
ST. CLOUD FL 34769-4112
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1980		3a. Date of Last Report 04/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2069491		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SHOFFNER, JACK A
2500 W. 13TH STREET
ST. CLOUD FL 34769**

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TUCKER, ROBERT		1.2 NAME Yates, Henry C.	
STREET ADDRESS 2500-W 13TH STREET		1.3 STREET ADDRESS 2500-W. 13th Street	
CITY - ST - ZIP ST. CLOUD FL		1.4 CITY - ST - ZIP St. Cloud, FL 34769-4112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANDERSON, D. CHARLES		2.2 NAME Freedle, P. Douglas	
STREET ADDRESS 2500 W. 13TH STREET		2.3 STREET ADDRESS 2500-W. 13th Street	
CITY - ST - ZIP ST CLOUD FL		2.4 CITY - ST - ZIP St. Cloud, FL 34769-4112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHOFFNER, JACK A.		3.2 NAME McClain, H.E.	
STREET ADDRESS 2500 W. 13TH STREET		3.3 STREET ADDRESS 2500-W. 13th Street	
CITY - ST - ZIP ST. CLOUD FL		3.4 CITY - ST - ZIP St. Cloud, FL 34769-4112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHALEY, H. CLAY J		4.2 NAME Hodgins, Charles L.	
STREET ADDRESS 2500 W. 13TH STREET		4.3 STREET ADDRESS 2500-W. 13th Street	
CITY - ST - ZIP ST. CLOUD FL		4.4 CITY - ST - ZIP St. Cloud, FL 34769-4112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Shoffner

(407)892-7137

CR2E034 (9/96)