

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90037 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F06330 DK

1. Corporation Name
 Public Bank

Principal Place of Business	Mailing Address
2500-13th Street St. Cloud, FL 34769-4112 US	2500-13th Street St. Cloud, FL 34769-4112 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	11/20/1980
4. FEI Number	59-2069491
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Shoffner, Jack A.
 2500-13th Street
 St. Cloud, FL 34769-4112

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. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Holcomb, John H., III	
1.3 STREET ADDRESS	2500-13th Street	
1.4 CITY-ST-ZIP	St. Cloud, FL 34769-4112	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hodgins, Charles L.	
2.3 STREET ADDRESS	2500-13th Street	
2.4 CITY-ST-ZIP	St. Cloud, FL 34769-4112	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McClain, H.E.	
3.3 STREET ADDRESS	2500-13th Street	
3.4 CITY-ST-ZIP	St. Cloud, FL 34769-4112	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Murray, Richard, IV	
4.3 STREET ADDRESS	2500-13th Street	
4.4 CITY-ST-ZIP	St. Cloud, FL 34769-4112	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shoffner, Jack	
5.3 STREET ADDRESS	2500-13th Street	
5.4 CITY-ST-ZIP	St. Cloud, FL 34769-4112	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Whaley, H. Clay, Jr.	
6.3 STREET ADDRESS	2500-13th Street	
6.4 CITY-ST-ZIP	St. Cloud, FL 34769-4112	

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 change is, or on an attachment with an address, with all other like empowered

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jack Shoffner, Director/President

April 14, 1999 (407) 892-7137
 Date Daytime Phone #

CR2E034 (11/98)