

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F59676** (9)  
1. Corporation Name  
**AMERICAN BANKING CORPORATION OF LAKE WALES**



Principal Place of Business  
**222 ST RD 60 EAST  
222 HIGHWAY 60 EAST  
LAKE WALES FL 33853-748  
US**

Mailing Address  
**PO BOX 3400  
222 HIGHWAY 60 EAST  
LAKE WALES FL 33859-400  
US**

3. Date Incorporated or Qualified  
**12/28/1961**

3a. Date of Last Report  
**06/14/1995**

4. FEI Number  
**59-2220745**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

9. Name and Address of Current Registered Agent

**MOSS, GREGORY D  
222 ST ROAD 60 E  
LAKE WALES FL 33853-3748**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	1.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	STREET ADDRESS
		1.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	2.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	STREET ADDRESS
		2.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	3.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	STREET ADDRESS
		3.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	4.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	STREET ADDRESS
		4.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	5.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	STREET ADDRESS
		5.4 CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	STREET ADDRESS	6.2 NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	STREET ADDRESS
		6.4 CITY-ST-ZIP	CITY-ST-ZIP

SIGNATURE: *Gregory D Moss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF PREPARE

CR2E034 (12/95)