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FILED

May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 80 EAST
LAKE WALES FL 33853-748
US

Mailing Address

PO BOX 3400
222 HIGHWAY 80 EAST
LAKE WALES FL 33859-3400
US



3. Date Incorporated or Qualified
12/28/1981

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

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

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	<input type="checkbox"/> DELETE
NAME	MOSS, GREGORY D	
STREET ADDRESS	54 REGAL CT HILLCRES HTS	
CITY - ST - ZIP	BABSON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, FRANK M	
STREET ADDRESS	1015 SUNSET DR	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALLISTER, JAMES A	
STREET ADDRESS	HILLCREST HEIGHTS	
CITY - ST - ZIP	BABSON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, R.T. J	
STREET ADDRESS	503 BULLARD AVENUE E	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARLIER, CLYDE J	
STREET ADDRESS	246 RIDGE MANOR DR	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STORY, VICTOR B JR	
STREET ADDRESS	1131 S LAKESHORE BLVD	
CITY - ST - ZIP	LAKE WALES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Gregory D. Moss
GREGORY D. MOSS

5-7-97

Date

941-676-7631

Daytime Phone #

0394600

CR2E034 (9/96)