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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

222 ST RD 60 EAST
222 HIGHWAY 60 EAST
LAKE WALES FL 33853-748
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1981

4. FEI Number

59-2220745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

NAME PD
STREET ADDRESS MOSS, GREGORY D
CITY-ST-ZIP 54 REGAL CT HILLCRES HTS
BABSON PARK FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS HUNT, FRANK M
CITY-ST-ZIP 1015 SUNSET DR
LAKE WALES FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MCCALLISTER, JAMES A
CITY-ST-ZIP HILLCREST HEIGHTS
BABSON PARK FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS NELSON, R.T. J
CITY-ST-ZIP 803 BULLARD AVENUE E
LAKE WALES FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS PARLIER, CLYDE J
CITY-ST-ZIP 246 RIDGE MANOR DR
LAKE WALES FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS STORY, VICTOR B JR
CITY-ST-ZIP 1131 S LAKESHORE BLVD
LAKE WALES FL

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

☐ Change ☒ Addition

☐ Change ☒ Addition

☒ 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 recorder 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

3 22 98

S. J. G. 363

CR2E034 (10/97)