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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90127 005 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F59676

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HUNT, FRANK M  
STREET ADDRESS 952 S LAKESHORE BLVD  
CITY-ST-ZIP LAKE WALES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JAHNA, EMI  
STREET ADDRESS 1390 N CROOKED LAKE DR  
CITY-ST-ZIP BABSON PARK FL 33827

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PARLIER, MARK S  
STREET ADDRESS 843 CAMPBELL AVE  
CITY-ST-ZIP LAKE WALES FL 33853

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME STORY, VICTOR B JR  
STREET ADDRESS 141 FAIR CHILD ST  
CITY-ST-ZIP BABSON PARK FL 33827

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. ERNEST

42899

941 626 7631

Date

Daytime Phone #

CR2E034 (11/98)