2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am & Secretary of State DOCUMENT # F59676 1. Entity Name 05-13-2002 90118 031 ***150.00 AMERICAN BANKING CORPORATION OF LAKE WALES Principal Place of Business Mailing Address 222 ST RD 60 EAST PO BOX 3400 222 HIGHWAY 60 EAST 222 HIGHWAY 60 EAST **LAKE WALES FL 33853-748 LAKE WALES FL 33859-400** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2220745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 222 ST ROAD 60 E LAKE WALES FL 33853-3748 State Rd 60 East 8. The above named entity submits this statem nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida PRESIDENT 863-626-263/ Signatur ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CIO TITLE ☐ Delete TITLE ☐ Change ☐ Addition ERNEST, ROBERT T NAME NAME 620 BEVERLY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HUNT, FRANK M NAME STREET ADDRESS 952 S LAKESHORE BLVD STREET ADDRESS CITY-ST-ZIP LAKE WALES FL CITY-ST-ZIP TITLE -D: --Delete -- · --TITLE ☐ Change - Addition NAME MCCALLISTER, JAMES A NAME STREET ADDRESS HILLCREST HEIGHTS STREET ADDRESS BABSON PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JAHNA, EMIL NAME NAME 1390 N CROOKED LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP BABSON PARK FL 33827 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Parlier. Mark S NAME STREET ADDRESS 843 CAMPBELL AVE STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STORY, VICTOR B JR NAME STREET ADDRESS P.O. BOX 857 STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

BABSON PARK FL 33827

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING O ICER OR DIRECTOR

FILED