

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 # F65055 (8)

1. Corporation Name

PINELLAS BANCSHARES CORPORATION



Principal Place of Business

5801 49TH STREET NORTH  
ST PETERSBURG FL 33709

Mailing Address

5801 49TH STREET NORTH  
ST PETERSBURG FL 33709

3. Date Incorporated or Qualified  
01/28/1982

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-2156002

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

SAVAGE, NEIL  
5801 49TH STREET NORTH  
ST PETERSBURG FL 33709

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 is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SAVAGE, NEIL W.  
STREET ADDRESS 1 BEACH DRIVE, SE #2109  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE D ☐ DELETE  
NAME MACRIS, JACK A.  
STREET ADDRESS 2612 KEYSTONE COURT NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE  
NAME WIER, JOHN B. JR.  
STREET ADDRESS 4450 80TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE  
NAME WINNER, HAROLD J  
STREET ADDRESS 5801 49TH ST N  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE  
NAME NORRIE, JOHN B.  
STREET ADDRESS 8972 BAYWOOD PARK DRIVE  
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE  
NAME SNELL, THOMAS H.  
STREET ADDRESS 5100 140TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Savage, Neil W.  
1.3 STREET ADDRESS 1 Beach Drive, SE #2705  
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME MaCris, Jack A.  
2.3 STREET ADDRESS 2612 Keystone Court North  
2.4 CITY-ST-ZIP St. Petersburg, FL 33710

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

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

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

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

NEIL W. SAVAGE, CHAIRMAN

1/22/96

Date

Daytime Phone #

CR2E034 (12/95)