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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F70354** **(8)**

1. Corporation Name
SOUTHERN FLORIDA BANCORPORATION

200001452072
-04/10/95--01045--010
*****208.75 *****208.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GE 30303 US	245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GE 30303 US

3. Date Incorporated or Qualified: **03/09/1982**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2400042** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST STRICKLAND, EDD 245 PEACHTREE CENTER AVE, SUITE 1100 ATLANTA GA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition D/ST J. Michael Barganier 245 Peachtree Center ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP MCCULLAGH, RONALD D 245 PEACHTREE CENTER AVE, SUITE 1100 ATLANTA GA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition same
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV SMARTT, ROBERT L 245 PEACHTREE CENTER AVE, SUITE 1100 ATLANTA GA	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition D/VP/AS Deborah Y. Chandler 245 Peachtree Center ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition VP/AS - officer only Lamar Y. Hallman 245 Peachtree Center ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☑ Addition VP/AS - officer only Faye O. Hauck 245 Peachtree Center ave. Ste. 1100 Atlanta, GA. 30303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	4-7-95 MSF	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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: _____ 4.4.95 (Date) 407-230-6362 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
Ronald D. McCullagh, President

0008078 CP