FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F84649** **(5)**

1. Corporation Name
FIRST INDEPENDENCE BANK OF FLORIDA

Principal Place of Business	Mailing Address
16740 SAN CARLOS BOULEVARD, S.W. P. O. BOX 09009 FORT MYERS FL 33908	16740 SAN CARLOS BOULEVARD, S.W. P. O. BOX 09009 FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/09/1982**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2137954** ☐ 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

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	PCD	1.1 TITLE	V	☐ Change ☒ Addition
NAME	ROEPSTORFF, ALFRED W.	1.2 NAME	BLACK, EDWARD H., JR.	
STREET ADDRESS	17041 MARINA COVE LANE	1.3 STREET ADDRESS	12740 EQUESTRIAN CR #2902	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	YORK, RONALD W.	2.2 NAME		
STREET ADDRESS	18227 CUTLASS DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BCH FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, MARTHA J.	3.2 NAME		
STREET ADDRESS	17424 CONNECTICUT ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, GEORGE K.	4.2 NAME		
STREET ADDRESS	15395 MCGREGOR BLVD SW	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 added in an attachment with an address.

SIGNATURE: _____ 1-17-95 813-466-7500
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0321004 CP