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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:45

DOCUMENT # F93000004170 (7)

1. Corporation Name
FIRST PALM BEACH BANCORP, INC.

Principal Place of Business
215 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401-5685

Mailing Address
215 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401-5685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1993
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0418027 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T 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	
TITLE	P
NAME	LYNCH, WILLIAM W
STREET ADDRESS	215 SOUTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	V
NAME	DAVIS, LOUIS O JR.
STREET ADDRESS	215 SOUTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5685
TITLE	S
NAME	TRAMMEL, JOHN C JR.
STREET ADDRESS	215 SOUTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5685
TITLE	T
NAME	GUEMPLE, R. RANDY
STREET ADDRESS	215 SOUTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5685
TITLE	CD
NAME	EISSEY, EDWARD M
STREET ADDRESS	215 SOUTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5685
TITLE	D
NAME	MOFFETT, TED R JR.
STREET ADDRESS	215 SOUTH OLIVE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33401-5685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD LYNCH, WILLIAM W 215 SOUTH OLIVE AVENUE WEST PALM BEACH FL	XX Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D DAVIS, LOUIS O JR. 215 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401-5685	XX Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S TRAMMEL, JOHN C 215 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401-5685	XX Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D EISSEY, EDWARD M 215 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401-5685	XX Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D MOFFETT, T. R JR. 215 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401-5685	XX Change ☐ Addition

14. I (We) 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: John C. Trammel JOHN C TRAMMEL, SECRETARY 01/27/95 (407) 650-2355
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0241020 CP