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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33401-5617



3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

450 S. Australian Ave.

City & State

23 West Palm Beach, Florida

Zip

33401

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 3515

City & State

28 West Palm Beach, Florida

Zip

29 33402-3515

Country

30 U.S.A.

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CD	LYNCH, WILLIAM W	215 SOUTH OLIVE AVENUE	WEST PALM BEACH FL	<input type="checkbox"/>
PD	DAVIS, LOUIS O JR.	215 SOUTH OLIVE AVENUE	WEST PALM BEACH FL	<input type="checkbox"/>
S	TRAMMEL, JOHN C.	215 SOUTH OLIVE AVENUE	WEST PALM BEACH FL	<input type="checkbox"/>
T	GUEMPLE, R. RANDY	215 SOUTH OLIVE AVENUE	WEST PALM BEACH FL 33401-5685	<input type="checkbox"/>
D	EISSEY, EDWARD M	215 SOUTH OLIVE AVENUE	WEST PALM BEACH FL	<input type="checkbox"/>
D	MOFFETT, R. R JR.	215 SOUTH OLIVE AVENUE	WEST PALM BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD	LYNCH, WILLIAM W.	450 S. AUSTRALIAN AVENUE	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	DAVIS, LOUIS O JR.	450 S. AUSTRALIAN AVENUE	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	TRAMMEL, JOHN C	450 S. AUSTRALIAN AVENUE	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	GUEMPLE, R. RANDY	450 S. AUSTRALIAN AVENUE	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	EISSEY, EDWARD M	450 S. AUSTRALIAN AVENUE	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MOFFETT R R JR	450 S. AUSTRALIAN AVENUE	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Trammel, SVP

2/14/97

Date

Daytime Phone #

CR2E034 (9/96)