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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

450 S AUSTRALIAN AVE
W PALM BCH FL 33401
US

Mailing Address

P O BOX 3515
W PALM BCH FL 33402-515
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 John C. Trammel
82 Street Address (P.O. Box Number is Not Acceptable)
450 S. Australian Avenue
83
84 City West Palm Beach FL 85 Zip Code 33401

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

John C. Trammel

John C. Trammel-Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME LYNCH, WILLIAM W
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☐ DELETE
NAME DAVIS, LOUIS O JR.
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP W PALM BCH FL

TITLE S ☐ DELETE
NAME TRAMMEL, JOHN C.
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T ☐ DELETE
NAME QUEMPLE, R. RANDY
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE
NAME EISSEY, EDWARD M
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☒ DELETE
NAME MOFFETT, R. R JR.
STREET ADDRESS 450 S AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MILLER, ROBERT P.
1.3 STREET ADDRESS 450 S. AUSTRALIAN AVENUE
1.4 CITY-ST-ZIP WEST PALM BEACH, FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME SOKOLOFF M.D., DANIEL O.
2.3 STREET ADDRESS 450 S. AUSTRALIAN AVENUE
2.4 CITY-ST-ZIP WEST PALM BEACH, FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME HADLEY M.D., HOLLEY W.
3.3 STREET ADDRESS 450 S. AUSTRALIAN AVENUE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME GREENE, FRED A.
4.3 STREET ADDRESS 450 S. AUSTRALIAN AVENUE
4.4 CITY-ST-ZIP WEST PALM BEACH, FL

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 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

John C. Trammel-Secretary

4/24/98

CR2E034 (10/97)