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Apr 23 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 # F93000005265 (4)

1. Corporation Name
FFLC BANCORP, INC.

Principal Place of Business
800 N. BOULEVARD W.
LEESBURG FL 34748

Mailing Address
P.O. BOX 490420
LEESBURG FL 34749-0420



3. Date Incorporated or Qualified 11/18/1993
3a. Date of Last Report 03/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3204891	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	Change Addition
NAME	KURTZ, STEPHEN T	1.2 NAME	
STREET ADDRESS	800 NORTH BLVD., W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	Change Addition
NAME	MUELLER, PAUL K	2.2 NAME	
STREET ADDRESS	800 NORTH BLVD., W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change Addition
NAME	LOGAN, JAMES P.	3.2 NAME	
STREET ADDRESS	800 NORTH BLVD W	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	GREGG, JAMES R	4.2 NAME	
STREET ADDRESS	800 NORTH BLVD., W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	JUNOD, JOSEPH J	5.2 NAME	
STREET ADDRESS	800 NORTH BLVD., W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	WAGNER, CLARON D	6.2 NAME	
STREET ADDRESS	800 NORTH BLVD., W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	6.4 CITY-ST-ZIP	

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: *Paul K Mueller* 04/15/97 (352) 315-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)