

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94883 (8)

1. Corporation Name

EAST COAST BANK CORPORATION



Principal Place of Business

Mailing Address

1400 OCEAN SHORE BLVD.  
ORMOND BEACH FL 32176-0613

P.O. BOX 4318  
ORMOND BEACH FL 32175-4318  
US

3. Date Incorporated or Qualified  
08/17/1982

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FFI Number

59-2213481

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

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\$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

BROUGHER, THOMAS A.  
1400 OCEAN SHORE BLVD  
ORMOND BEACH FL 32074

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

(If/Only If Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

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DELETE

NAME

MAYO, HOWARD A. JR  
1400 OCEAN SHORE BLVD  
ORMOND BCH, FL 00000

STREET ADDRESS

CITY - ST - ZIP

TITLE

DPS

☐

DELETE

NAME

JOHNSON, LEONARD H  
PO DRAWER 1047 N/A  
DADE CITY, FL 00000

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐

DELETE

NAME

JOHNSON, HJALMA E  
509 HALE ROAD  
DADE CITY, FL 00000

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☐

DELETE

NAME

BROUGHER, THOMAS A.  
24 SOVEREIGN LN.  
ORMOND BEACH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐

DELETE

NAME

BROWN, DANA V.  
202 SEABREEZE BLVD.  
DAYTONA BEACH FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

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DELETE

NAME

EHRINGER, GERALD L.  
1182 OCEAN SHORE BLVD  
ORMOND BEACH FL

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Brougher, Executive Vice President

6-6-96

904/441-1200

CR2E034 (3/96)