


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94883** (8)
1. Corporation Name
EAST COAST BANK CORPORATION

Principal Place of Business 1400 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-0613	Mailing Address P.O. BOX 4318 ORMOND BEACH FL 32175-4318 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/17/1982	
4. FEI Number 59-2213481		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BROUGHER, THOMAS A. 1400 OCEAN SHORE BLVD ORMOND BEACH FL 32074				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, HOWARD A, JR	1.2 NAME	
STREET ADDRESS	1400 OCEAN SHORE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LEONARD H	2.2 NAME	
STREET ADDRESS	PO DRAWER 1047 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HJALMA E	3.2 NAME	
STREET ADDRESS	509 HALE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGHER, THOMAS A.	4.2 NAME	
STREET ADDRESS	2800 JOHN ANDERSON DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DANA V.	5.2 NAME	
STREET ADDRESS	735 1/2 N. WILD OLIVE AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRINGER, GERALD L.	6.2 NAME	
STREET ADDRESS	1182 OCEAN SHORE BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	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: *THOMAS A. BROUGHER* 1/12/98 (204) 441-1200

CR2E034 (10/97)