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FILED
Feb 26 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 # F97000001720 (8)

1. Corporation Name

HARBOR FLORIDA BANCORP, INC.

Principal Place of Business

100 S. 2ND ST.
FT PIERCE FL 34954

Mailing Address

PO BOX 249
FT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

APPLIED FOR 65-0737675

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENEYCK, KELLY
C/O HARBOR FEDERAL SAVINGS BANK
601 ATLANTIC AVE.
FT. PIERCE FL 34950

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 ☐ DELETE

NAME PD
BROWN, MICHAEL J SR
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34954

TITLE ☐ DELETE

NAME CFO
BEBBER, DON W
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34954

TITLE ☒ DELETE

NAME S
FOWLER, CHRISTINE
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34954

TITLE ☐ DELETE

NAME T
BEVAN, TODD P
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34954

TITLE ☐ DELETE

NAME DC
ENNS, EDWARD G
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34954

TITLE ☐ DELETE

NAME DC
ABERNATHY, BRUCE R SR
STREET ADDRESS 100 S. 2ND ST.
CITY-ST-ZIP FT PIERCE FL 34954

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

☐ Change

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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:

Don W. Bebbler

2/17/98

CR2E034 (10/97)