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May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G23513 (6)

1. Corporation Name
AMERICAN BANK AND TRUST OF POLK COUNTY

Principal Place of Business

222 STATE RD 60 E
BOX 3400
LAKE WALES FL 33853-748
US

Mailing Address

PO BOX 3400
BOX 3400
LAKE WALES FL 33859-3400
US

3. Date Incorporated or Qualified
02/10/1983

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1559903

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MOSS, GREGORY D
222 STATE RD 60 EAST
LAKE WALES FL 33385-3374

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

TITLE D
NAME FARR, WALTER S.
STREET ADDRESS ANDER MARSH ROAD
CITY-ST-ZIP WAUCHULA FL

TITLE VPC
NAME ERNEST, ROBERT T.
STREET ADDRESS 620 BEVERLY DR
CITY-ST-ZIP LAKE WALES FL

TITLE EVP
NAME FOSTER, RICHARD T
STREET ADDRESS 3526 BLACK JACK CT
CITY-ST-ZIP LAKE WALES, FL 00000

TITLE D
NAME MCCALLISTER, JAMES A
STREET ADDRESS HILLCREST HEIGHTS
CITY-ST-ZIP BABSON PARK FL

TITLE D
NAME GIBSON, ROBT L JR
STREET ADDRESS 854 CAMPBELL AVE
CITY-ST-ZIP LAKE WALES FL

TITLE D
NAME BICE, W.T.
STREET ADDRESS 3002 PLANTATION RD S
CITY-ST-ZIP WINTERHAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 or, if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. ERNEST

5-7-97

Date

741-676-7631

Daytime Phone

0394810

CR2E034 (9/96)