


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90127 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G23513**

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 33859-400 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1983

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, WALTER S.	1.2 NAME	
STREET ADDRESS	ANDER MARSH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST, ROBERT T.	2.2 NAME	
STREET ADDRESS	620 BEVERLY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, RICHARD T	3.2 NAME	
STREET ADDRESS	3526 BLACK JACK CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLISTER, JAMES A	4.2 NAME	
STREET ADDRESS	HILLCREST HEIGHTS	4.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, ROBT L JR	5.2 NAME	
STREET ADDRESS	954 CAMPBELL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICE, W.T.	6.2 NAME	
STREET ADDRESS	3002 PLANTATION RD S	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTERHAVEN 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, with all other like empowered.

SIGNATURE:

ROBERT T. ERNEST

4-28-99

941-676-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)