

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90106 032 \*\*\*150.00

0608707 AV

**DOCUMENT # G23513**

1. Entity Name  
**AMERICAN BANK AND TRUST**



Principal Place of Business  
**222 STATE ROAD 60 EAST  
LAKE WALES FL 33853-748  
US**

Mailing Address  
**PO BOX 3400  
LAKE WALES FL 33859-400  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1559903**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUTTON, WILLIAM L**

**222 STATE ROAD 60 EAST  
LAKE WALES FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-10-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Hunt, D. Andrew**  
STREET ADDRESS **1015 Sunset Dr**  
CITY-ST-ZIP **Lake Wales, FL**

TITLE **D** ☐ Delete  
NAME **GIBSON, ROBT L JR**  
STREET ADDRESS **954 CAMPBELL AVE**  
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BICE, WILLIAM T JR**  
STREET ADDRESS **286 HERNANDO RD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Lee Fox Rawlings Controller **4-10-03**

Date

Daytime Phone #

**863-676-7631**

CR2E034 (10/02)