

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
32399-0001

DOCUMENT # **G26006**

(8)

SOUTH FLORIDA BANKING CORP.

27975 OLD 41 ROAD
SOUTHEAST
BONITA SPRINGS FL 33923-9684

27975 OLD 41 ROAD
SOUTHEAST
BONITA SPRINGS FL 33923-9684

APPROVED
9:40
RECEIVED
FLORIDA

DATE OF PREVIOUS FILING: NONE

3. Date of Pre-registered Certificate: **03/02/1983**
3a. Date of Last Report: **05/01/1994**

4. FIC Number: **59-2327825**
Applied For: ☐
Not Applicable: ☐

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

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

7. Financial Statement: ☒ **Yes** ☐ **No**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WOOD, MATTHEW, W
27975 OLD 41 ROAD
BONITA SPRINGS FL 33923

81. Name: _____
82. Mailed Address: _____
83. _____
84. _____

FL 85. _____

11. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized officer or director of the corporation, partnership, or other entity, and that my appointment as registered agent is valid.

The Applicant:

12. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized officer or director of the corporation, partnership, or other entity, and that my appointment as registered agent is valid.

12.	13.
NAME: PD WOOD, MATTHEW, W 27975 OLD 41 RD BONITA SPRINGS, FL 00000	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: S HOGUE, JOSEPHINE 27975 OLD 41 ROAD BONITA SPRINGS FL	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: D HAINES, T H 27027 IMPERIAL STREET, SE BONITA SPRINGS FL	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: D CROCKETT, D. F. 730 PANORAMA RD VILLANOVA PA	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: D CROCKETT, W. G. 1125 NORSAM RD GLADWYN PA	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: D RANEY, J. L. 1310 CANTERBURY DR FT MYERS FL	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

14. I, the undersigned, certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized officer or director of the corporation, partnership, or other entity, and that my appointment as registered agent is valid.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew W. Wood

April 25, 1995 813-992-2201