

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 1:56

DOCUMENT # **H05887 (5)**  
1. Corporation Name  
**FIRST AMERICAN BANK OF INDIAN RIVER COUNTY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4000 20TH STREET VERO BEACH FL 32980-2414		4000 20TH STREET VERO BEACH FL 32980-2414		05/30/1984	06/27/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-2429746	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				6. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	ROBERT J. MACWILLIAM		
				82 Street Address (P.O. Box Number is Not Acceptable)	440 45TH COURT		
				83			
				84 City	VERO BEACH	85 Zip Code	FL 32962

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: ROBERT J. MACWILLIAM, PRESIDENT DATE: 4/24/95  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, RONALD	1.2 NAME	
STREET ADDRESS	7150 20TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANDREW	2.2 NAME	
STREET ADDRESS	616 AZALEA LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, CHARLES R. S	3.2 NAME	
STREET ADDRESS	P.O. BOX 1206 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHACKLEY, STEVEN C.	4.2 NAME	
STREET ADDRESS	8635 26TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAM, ROBERT	5.2 NAME	
STREET ADDRESS	440 - 45TH CT	5.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID BARRY, JR.	6.2 NAME	
STREET ADDRESS	1635 51ST CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: STEVEN C. SHACKLEY 407-567-0552  
Signature and typed or printed name of signing officer or director Date Daytime Phone #