

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 AM 11:42

DOCUMENT # H20494

(1)

1. Corporation Name

PUBLIC BANK CORPORATION

Principal Place of Business

**2500 W. 13TH ST.
ST. CLOUD FL 34769-4112
US**

Mailing Address

**2500 W. 13TH ST.
ST. CLOUD FL 34769-4112
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1984

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2472847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

**MICHEL, CARL H
2500-13TH ST.
ST CLOUD FL 34769**

10. Name and Address of New Registered Agent

81 Name

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

2500-W. 13TH STREET

83

84 City

FL

85 Zip Code
34769-4112

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WHALEY, H. CLAY, JR.**
STREET ADDRESS **2500-13TH ST.**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **VS**
NAME **MICHEL, CARL H**
STREET ADDRESS **2500-13TH ST**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **T**
NAME **ANDERSON, D. CHARLES**
STREET ADDRESS **2500-13TH ST**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **OP**
NAME **FREEDLE, P. DOUGLAS**
STREET ADDRESS **2500 W. 13TH ST.**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **DV**
NAME **TUCKER, B. ROBERT**
STREET ADDRESS **2550-W. 13TH ST.**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D**
NAME **YATES, HENRY C**
STREET ADDRESS **2500-13TH ST.**
CITY-ST-ZIP **ST CLOUD 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

Whaley, H. Clay, Jr.

☒ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2500-W. 13th Street

☒ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2500-W. 13th Street

☒ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

C/D/P

☒ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

2500-W. 13th Street

☒ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2500-W. 13th Street

☒ Change ☒ Addition

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE:

Carl H. Michel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl H. Michel, Vice President/Secretary

02/06/95

(407) 892-7137