

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/11/1984

3a. Date of Last Report

02/13/1995

4. FEI Number

59-2472847

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 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 W 13TH STREET
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

Anderson, D. Charles

82

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

83

84 City

FL

85 Zip Code

34769-4112

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 ☒ *D. Charles Anderson*

D. Charles Anderson, Treasurer

☒ April 5, 1995

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
WHALEY, H. CLAY J
STREET ADDRESS
2500-13TH ST
CITY-STATE-ZIP
ST. CLOUD FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
CDP
FREEDLE, P. DOUGLAS
STREET ADDRESS
2500 W. 13TH ST.
CITY-STATE-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
DV
TUCKER, B. ROBERT
STREET ADDRESS
2500 W. 13TH STREET
CITY-STATE-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
D
YATES, HENRY C
STREET ADDRESS
2500 W. 13TH STREET
CITY-STATE-ZIP
ST CLOUD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

34769-4112

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

V/S

Shoffner, Jack A.

2500-W. 13th Street

St. Cloud, FL

34769-4112

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

34769-4112

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

34769-4112

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

34769-4112

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

34769-4112

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 if changed, or on an attachment with an address.

SIGNATURE: ☒

D. Charles Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☒ 4-9-96

(407) 892-7137

Date

Daytime Phone #

CR2E034 (12/95)