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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34769-4129
US



3. Date Incorporated or Qualified 09/11/1984
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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 10. Name and Address of New Registered Agent

ANDERSON, D CHARLES
2500 W 13TH STREET
ST CLOUD FL 34769

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	WHALEY, H. CLAY J	1.2 NAME	
STREET ADDRESS	2500-13TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	SHOFFNER, JACK A	2.2 NAME	
STREET ADDRESS	2500-W 13TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	ANDERSON, D. CHARLES	3.2 NAME	
STREET ADDRESS	2500 W. 13TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	CDP	4.1 TITLE	
NAME	FREEDLE, P. DOUGLAS	4.2 NAME	
STREET ADDRESS	2500 W. 13TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	TUCKER, B. ROBERT	5.2 NAME	
STREET ADDRESS	2500 W. 13TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	YATES, HENRY C	6.2 NAME	
STREET ADDRESS	2500 W. 13TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	6.4 CITY-ST-ZIP	

14. I do 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 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* D. Charles Anderson 2/12/97 (407) 892-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)