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 -6 PM 4:19

DOCUMENT # H34389 (7)

1. Corporation Name
MERCANTILE BANK OF NAMES

Principal Place of Business	Mailing Address
2375 TAMIAMI TRAIL NORTH P.O. BOX 413042 NAPLES FL 33940	2375 TAMIAMI TRAIL NORTH P.O. BOX 413042 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2448405 ☐ 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 Fee

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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	CAMPBELL, JERRY D.	1.2 NAME	Joe D. Pentecost	
STREET ADDRESS	1203 ADA ST	1.3 STREET ADDRESS	3972 Spyglass Hill Road	
CITY-ST-ZIP	OWOSSO MI	1.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	D	2.1 TITLE	D/S	☐ Change ☐ Addition
NAME	DURYEA, F CHARLES	2.2 NAME	Richard L. Hopkins	
STREET ADDRESS	544 BANYAN RD	2.3 STREET ADDRESS	7710 Millstream Drvie	
CITY-ST-ZIP	GULF STREAM FL	2.4 CITY-ST-ZIP	Naples, FL	
TITLE	DC	3.1 TITLE	D/P	☐ Change ☐ Addition
NAME	PORTER, THOMAS V.	3.2 NAME	Russell R. Kompker, Jr.	
STREET ADDRESS	1325 7TH STREET SOUTH	3.3 STREET ADDRESS	2375 Tamiami Trail	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	STONE, WILLIAM B.	4.2 NAME	Stone, William B.	
STREET ADDRESS	2500 AIRPORT RD. S.	4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, WILLIAM L	5.2 NAME		
STREET ADDRESS	3000 COUNTY BARN RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	COMBS, DENNIS	6.2 NAME		
STREET ADDRESS	1500 AIRPORT ROAD S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES 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 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: Richard L. Hopkins 1-17-95 813-643-3010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #
Richard L. Hopkins, Executive Vice President

0320370 CC