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FILED

Apr 22 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 # **H34389**

(7)

1. Corporation Name

**MERCANTILE BANK OF NAPLES**

Principal Place of Business

**2375 TAMiami TRAIL NORTH  
P.O. BOX 413042  
NAPLES FL 33940**

Mailing Address

**2375 TAMiami TRAIL NORTH  
P.O. BOX 413042  
NAPLES FL 34101-3042**



3. Date Incorporated or Qualified

**12/17/1984**

3a. Date of Last Report

**02/06/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

**34101-3042**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

**34101-3042**

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 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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PENTECOST, JOE D.</b>	
STREET ADDRESS	<b>3972 SPYGLASS HILL ROAD</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAU, CHARLES C.</b>	
STREET ADDRESS	<b>2191 PINE WOOD CIRCLE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, THOMAS V.</b>	
STREET ADDRESS	<b>1325 7TH STREET SOUTH</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COMBS, DENNIS</b>	
STREET ADDRESS	<b>1500 AIRPORT ROAD S.</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KEMPKER, RUSSELL R.J.</b>	
STREET ADDRESS	<b>2375 TAMiami TRAIL</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RONALD J. BIEKE</b>	
1.3 STREET ADDRESS	<b>7950 MOORSBRIDGE ROAD</b>	
1.4 CITY - ST - ZIP	<b>KALAMAZOO, MI 49002</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JERRY CAMPBELL</b>	
2.3 STREET ADDRESS	<b>1070 E. MAIN ST.</b>	
2.4 CITY - ST - ZIP	<b>OWOSSO, MI 48867</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>F. DON CARL, JR.</b>	
3.3 STREET ADDRESS	<b>4410 RIVERWATCH DRIVE #202</b>	
3.4 CITY - ST - ZIP	<b>BONITA SPRINGS, FL 34134</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)