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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 JAN 26 PM 3:58

DOCUMENT # H39190 (4)

1. Corporation Name
CITY FINANCIAL CORP. OF TAMPA

Principal Place of Business	Mailing Address
~~1904 W CYPRESS~~	~~1904 W CYPRESS~~
~~P O BOX 21002~~	~~P O BOX 21002~~
~~TAMPA FL 33607~~	~~TAMPA FL 33607~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1985
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21 405 North Westshore
Suite, Apt. #, etc. 22
City & State 23: Tampa, Florida
Zip 24: 33609 Country 25

2a. Mailing Address
26 405 North Westshore
Suite, Apt. #, etc. 27
City & State 28: Tampa, Florida
Zip 29: 33609 Country 30

4. FEI Number: 59-2533607 ☐ 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

CASPER, THOMAS D.
7427 BAY DRIVE
TAMPA FL 33635

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGMANN, CHARLES E.	1.2 NAME	
STREET ADDRESS	1205 MAGDALENE GROVE AV	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ROBERT J.	2.2 NAME	
STREET ADDRESS	5220 SPRUCE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	CASPER, THOMAS D.	3.2 NAME	
STREET ADDRESS	7427 BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVARGE, FREDRIC R.	4.2 NAME	
STREET ADDRESS	3535 VILLAGE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CURRY, MARK W. JR.	5.2 NAME	
STREET ADDRESS	4426 CLEAR AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, DANIEL B	6.2 NAME	
STREET ADDRESS	2430 SUNSET DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA 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: F. R. La Varge 1/12/95 (813) 289-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0292746 CP

BLOCK 12; Additional names and addresses of each Officer and Director as of December 31, 1994;

D
Bernell Gardner
1002 Taray DeAvila
Tampa, Florida 33613

D
Henry W. Meister
2123 Moss Vale Lane
Tampa, Florida 33618