

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H39190

1. Corporation Name

~~CITY FINANCIAL CORP. OF TAMPA~~

Charter Banking Corp.

Principal Place of Business

~~405 N. WESTSHORE BLVD.~~
~~TAMPA FL 33609~~

4401 W. Kennedy Blvd.
Tampa, FL 33609

Mailing Address

~~405 N. WESTSHORE BLVD.~~
~~TAMPA FL 33609~~

4401 W. Kennedy Blvd
Tampa, FL 33609

2. Principal Place of Business

21 4401 W. Kennedy Blvd.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

Zip

24 33609

Country

25 USA

2a. Mailing Address

26 4401 W. Kennedy Blvd.

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

GASPER, THOMAS D
7427 BAY DRIVE
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1985

4. FEI Number

59-2533607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

David A. Straz, Jr.

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

4401 W. Kennedy Blvd.

83

84 City

Tampa

FL

85 Zip Code

33609

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

David A. Straz, Jr.

3/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~ ☒ DELETE

NAME ~~LE VARGE, F.R.~~

STREET ADDRESS ~~9535 VILLAGE WAY~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~CD~~ ☒ DELETE

NAME ~~CURTIS, DANIEL B.~~

STREET ADDRESS ~~2430 SUNSET DRIVE~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~ ☒ DELETE

NAME ~~CURRY, MARK W. JR.~~

STREET ADDRESS ~~4426 CLEAR AVE.~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~ ☒ DELETE

NAME ~~BERGMAN, CHARLES E.~~

STREET ADDRESS ~~1205 MAGDALENE GROVE AVE.~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~D~~ ☒ DELETE

NAME ~~LE VARGE, LINCOLN S.~~

STREET ADDRESS ~~607 LUZON AVE.~~

CITY-ST-ZIP ~~TAMPA FL~~

TITLE ~~DS~~ ☒ DELETE

NAME ~~GASPER, THOMAS D.~~

STREET ADDRESS ~~7427 BAY DRIVE~~

CITY-ST-ZIP ~~TAMPA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, President, ☐ Change ☒ Addition

1.2 NAME Secretary

1.3 STREET ADDRESS David A. Straz, Jr.

1.4 CITY-ST-ZIP 4401 W. Kennedy Blvd.

2.1 TITLE Tampa, FL 33609 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *David A. Straz, Jr.* SIGNATURE REQUIRED David A. Straz, Jr.

3/22/99

813/254-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034/11/981

03/26/1999

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90020 016 ***150.00

