

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 # H43827

1. Corporation Name

COMMERCE NATIONAL CORPORATION

Principal Place of Business

1201 S ORLANDO AVENUE
WINTER PARK FL 32789

Mailing Address

P.O. BOX 8181
WINTER PARK FL 32790-8181

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90004 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1985

4. FEI Number

59-2497076

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

COLADO, GUY D
1936 FAWSETT ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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

83

121 W. Kings Way

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

TITLE D ☐ DELETE

NAME BARKETT, RUSSELL
STREET ADDRESS 621 ARAPAHO TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME BATTAGLIA, ROBERT E
STREET ADDRESS 1466 ALABAMA DR
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME MOSS, WILLIE C
STREET ADDRESS 5858 COVE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME RAFFA, FREDERICK A
STREET ADDRESS 45 EASTWIND LANE
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME BARNES, C. DURHAM
STREET ADDRESS 481 VIRGINIA DR
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME BOSWELL, ROBERT B
STREET ADDRESS 2320 NO ORANGE AVE
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99. 407
741-8903