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 14 PM 2:15

DOCUMENT # H47899 (0)

1. Corporation Name
CARNEY BANK

Principal Place of Business	Mailing Address
1101 N.CONGRESS AVE. P.O.BOX 3219 BOYNTON BEACH FL 33424-0219	1101 N.CONGRESS AVE. P.O.BOX 3219 BOYNTON BEACH FL 33424-0219

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1985
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2522178 ☐ 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

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)

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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when completed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	C/D	☐ Change ☒ Addition
NAME	CARNEY, THOMAS FRANCIS	1.2 NAME	Jacobs, C. Bernard	
STREET ADDRESS	10205 COLLINS AVENUE - UNIT 304	1.3 STREET ADDRESS	10619 Spicewood Trail	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MULKER, RALPH P	2.2 NAME	Muller, Ralph P.	
STREET ADDRESS	5929 N. OCEAN BLVD	2.3 STREET ADDRESS	5929 N. Ocean Blvd.	
CITY-ST-ZIP	OCEAN RIDGE FL 33453-5	2.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	DP	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HEARON, III J H.	3.2 NAME	Hoecker, John J.	
STREET ADDRESS	8672 GRASSY ISLE TRAIL	3.3 STREET ADDRESS	13090 Coastal Circle	
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	LANGAN, THOMAS J	4.2 NAME	Zanetti, Peter C.	
STREET ADDRESS	10539 CORALBERRY WAY	4.3 STREET ADDRESS	18650 N. E. 21st Avenue	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	DVC	5.1 TITLE		☐ Change ☐ Addition
NAME	PLUM, WILLIAM M.	5.2 NAME		
STREET ADDRESS	1715 DEL HAVEN DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Jim Hearon 2-2-95 407-736-8300
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) Jim Hearon, President/CEO (Date) (Daytime Phone #)

0202301 CP