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 JAN 18 PM 2:41

DOCUMENT # H48039 (2)

1. Corporation Name
MURDOCK FLORIDA BANK

Principal Place of Business
1777 TAMIAMI TRAIL
MURDOCK FL 33938-0250
US

Mailing Address
P.O. BOX 250
MURDOCK FL 33938
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/19/1985
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2500544 ☐ 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
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	1 1 TITLE ☐ Change ☐ Addition
NAME	ANDREASEN, ROBERT	1 2 NAME
STREET ADDRESS	4441 BLUE SAGE CT	1 3 STREET ADDRESS
CITY ST ZIP	BONITA SPRINGS FL	1 4 CITY ST ZIP
TITLE	D	2 1 TITLE ☐ Change ☐ Addition
NAME	ANDERSON, J ROBERT	2 2 NAME
STREET ADDRESS	PO BOX 1568	2 3 STREET ADDRESS
CITY ST ZIP	PUNTA GORDA FL	2 4 CITY ST ZIP
TITLE	D	3 1 TITLE ☐ Change ☐ Addition
NAME	ZIMMERMAN, HERBERT L	3 2 NAME
STREET ADDRESS	11847 SW DALLAS DR. SOUTH	3 3 STREET ADDRESS
CITY ST ZIP	LAKE SUZY FL	3 4 CITY ST ZIP
TITLE	D	4 1 TITLE ☐ Change ☐ Addition
NAME	DUNN, RANDALL F	4 2 NAME
STREET ADDRESS	329 E OLYMPIA	4 3 STREET ADDRESS
CITY ST ZIP	PUNTA GORD FL	4 4 CITY ST ZIP
TITLE	D	5 1 TITLE ☐ Change ☐ Addition
NAME	REBOL, RICHARD R	5 2 NAME
STREET ADDRESS	141 GUAVA ST	5 3 STREET ADDRESS
CITY ST ZIP	CHARLOTTE HARBOR FL	5 4 CITY ST ZIP
TITLE	CD	6 1 TITLE ☐ Change ☐ Addition
NAME	TAYLOR, CHARLES E JR	6 2 NAME
STREET ADDRESS	RR 1 BOX 1725	6 3 STREET ADDRESS
CITY ST ZIP	LABELLE 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)(k), 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: Robert L. Andreasen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. ANDREASEN

Date: 1-13-95

Daytime Phone #: 813-625-4444

003/AR2 CR

12. Continued

D
John David McQueen
P.O. Box 837
Punta Gorda, Florida 33950

D
Robert O. Bruce
24225 Harborview Drive
Charlotte Harbor, Florida 33980

D
Leo Wotitzky
201 West Marion Drive, Suite 301
Punta Gorda, Florida 33950-4497