

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified
03/19/1985

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE
NAME ANDREASEN, ROBERT
STREET ADDRESS 4441 BLUE SAGE CT
CITY-ST-ZIP BONITA SPRINGS FL

TITLE D ☐ DELETE
NAME ANDERSON, J ROBERT
STREET ADDRESS PO BOX 1568
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ DELETE
NAME ZIMMERMAN, HERBERT L
STREET ADDRESS 11847 SW DALLAS DR. SOUTH
CITY-ST-ZIP LAKE SUZY FL

TITLE D ☐ DELETE
NAME DUNN, RANDALL F
STREET ADDRESS 329 E OLYMPIA
CITY-ST-ZIP PUNTA GORD FL

TITLE D ☐ DELETE
NAME REBOL, RICHARD R
STREET ADDRESS 141 GUAVA ST
CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE CD ☐ DELETE
NAME TAYLOR, CHARLES E JR
STREET ADDRESS RR 1 BOX 1725
CITY-ST-ZIP LABELLE 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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. Andreason, PRESIDENT & CEO

1/22/96 (941) 625-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)