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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 33948

25 Country

2a. Mailing Address

26 P. O. Box 380250

27 Suite, Apt. #, etc.

28 City & State

29 Zip 33938-0250

30 Country

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

Robert L. Andreasen

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

4441 Blue Sage Court

83

84 City

Bonita Springs

FL

85 Zip Code

34134-7913

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

Robert L. Andreasen, PRESIDENT ROBERT L. ANDREASEN

1/15/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME ANDREASEN, ROBERT L.
STREET ADDRESS 4441 BLUE SAGE CT
CITY-ST-ZIP BONITA SPRINGS FL 34134-7913

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 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 or changed, or on an attachment with an address.

SIGNATURE:

Robert L. Andreasen, PRESIDENT

1/15/97

941 625-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0524922

CR2E034 (9/96)