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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:19

DOCUMENT # H56350 (2)

1. Corporation Name
UNIVERSITY STATE BANK CORP.

Principal Place of Business	Mailing Address
C/O MARK A. LOPEZ 2901 E. FOWLER AVE TAMPA FL 33612 US	C/O MARK A. LOPEZ 2901 E. FOWLER AVE TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1985	3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2613580	☐ 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	2a. Mailing Address
21	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

LOPEZ, MARK A
1000 S HARBOUR ISL. BLVD #2111
TAMPA FL 33602

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	MAZUR, JOSEPH L.	1.2 NAME		
STREET ADDRESS	6115 ROLLING HILL	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	STONE, DONALD	2.2 NAME		
STREET ADDRESS	407 BELLE CLAIRE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BOYD, JACK H., JR	3.2 NAME		
STREET ADDRESS	6727 RIVERSHORE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	ROQUE, RAUL	4.2 NAME		
STREET ADDRESS	314 IVERNESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMMON, EDWARD B.	5.2 NAME		
STREET ADDRESS	309 BRENTWOOD DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	SD	☐ Change ☒ Addition
NAME		6.2 NAME	Tripolino, Anthony	
STREET ADDRESS		6.3 STREET ADDRESS	6814 Monet Circle	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Temple Terrace, FL 33617	

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: Joseph L. Mazur January 1995 (813) 971-5700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph L. Mazur, Chairman of the Board

0208338 CP