2004 FOR PROFIT CORPORATION & ANNUAL REPORT

DOCUMENT # H63495 FILED 1. Entity Name BANK OF ST. PETERSBURG 04 AUG 30 AM 8: 18 GLONE PART OF STALE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 777 PASADENA AVENUE SOUTH 3065 34TH ST NO ST. PETERSBURG, FL 33707-2031 SAINT PETERSBURG, FL 33713 2. Principal Place of Business Mailing Address Tamoa City Center Center Suite, Apt. #, e Suitc 08132004 Chg-P-CR2E034 (10/03) Suite 100 City & State 4. FEI Number Applied For 59-2331908 Not Applicable Country USB Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARMORE, MARY K BANK OF ST. PETERSBURG 777 PASADENA AVE., S. ST. PETERSBURG, FL 33707 Suite 100 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 08/20/04 corporate Read 9. Election Campaign Financing \$5.00 May Be 300041098739 FILE NOW!!! FEE IS \$550.00 Added to Fees 09/15/04--01032--027 Trust Fund Contribution. Due by September 8, 2004 **158.75 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Charige . Addition TOLE Robert Rothman ROTHMAN, ROBERT NAME 100 N. Tampa Sti Suite 3675 STREET ADDRESS 100 N. TAMPA STREET STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP Tamba, FL 33602 CITY-ST-ZIP Delete ☐ Change Addition PT TITLE nthony F. NAME CANNOVA, MICHAEL F Suite 100 929 59TH AVENUE STREET ADDRESS STREET ADDRESS ST. PETE BEACH, FL 33706 CITY-ST-ZIP CITY-ST-7IP UP/0 Change TITLE ☐ Delete TITLE Addition LAFALCE, FRANK A NAME NAME 15210 ALEXIS DRIVE STREET ADDRESS STREET ADDRESS FL:=33713----THY SI-7IP CHY-SITZIP TAMPA, PL: 33524 ☐ Delete TITLE TITLE LARMORE, MARY K NAME NAME renue south *'Pasadena* STREET ADDRESS 5999 616T-AVENUE, SOUTH STREET ADDRESS CHY-ST-ZIP ST. PETERSBURG, FL 33745 CITY-ST-ZIP Defete Change TITLE TITLE aballero BONDS, MICHAEL-MI NAME NAME Center Suite 100 Tampa cit 7039 123RD STREET, NORTH STREET ADDRESS STREET ADDRESS SEMINOLE, FL 33772 CITY ST-7IP CITY-ST-ZIF M. Bantho lomace Change Polote TITLE TITLE HILL, MARY NAME NAME one Tampa city center, Suite 100 12738 OORDA CIR STREET ADDRESS STREET ADDRESS LARGO, FL 33773 CITY-ST-ZIP Tampa 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 813-569-7510 SIGNATURE: TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H63495 1. Entity Name BANK OF ST. PETERSBURG					de la	- 04 AU		M 8: 1	
Principal Place of Business 777 PASADENA AVENUE SOUTH ST. PETERSBURG, FL 33707-2031		Mailing Address 3065 34TH ST NO SAINT PETERSBURG, FL 33713			ŢſĄĻĻĄĬ	HASSEE,	, FLORI	DA 482 ¿	
2. Principal Pl	ace of Business	3. Mailing Address							
Suite: Apt. #, etc.		Suite, Apt. #, etc.		08132004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numbe 59-233				plied For Applicable
Zip	Country	Žip	Country		<u> </u>	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
LARMORE, MARY K BANK OF ST. PETERSBURG 777 PASADENA AVE., S.				Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG, FL 33707			City			·	FL	Zip Code	2
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or passed name of registered agent and titls it applicable. (HOTE: Registered Agent signature required when retrivating) DATE									
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing _ \$5.00 May Be									
Due by September 8, 2004 Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.			CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
TITLE	CD	Delete	TITLE	1 7	P/COO/	R Pemk	de	Charige	Addition
NAME STREET ADDRESS	ROTHMAN, ROBERT 100 N. TAMPA STREET, SUITE 3675 STRE			7	thrin Deas	adena i	given	ne Sc	xu4h
CITY-ST-ZIP	TAMPA, FL 33602			i 5		ersburg		33)	
TITLE	,D	☐ Delete	TITLE	SV	P/D			☐ Change	Addition
NAME	CANNOVA, MICHAEL F	•	NAME	Ste	hen B	. Stagg.	enter, s	ماك:	100
STREET ADDRESS CITY-ST-ZIP	929 59TH AVENUE ST. PETE BEACH, FL 33706		STREET ADDRE	SS UT	mm I	234		שנן וכ	.00
TITLE	PD	Delete	TITLE	SVP	73	<u>~</u>	<u> </u>	Change	Addition
NAME	LAFALÇE, FRANK A		NAME	Ed	mund M	n City (1011	Cu. Ye	m
STREET ADDRESS CITY-ST-ZIP	15210 ALEXIS DRIVE TAMPA, FL 33624	₩ *	STREET ADDRE	SS ONE	in wi	E1 33	802	Sul ic	
TITLE	VDS	Delete	TITLE	- 10	··· DCI	<u> </u>	<u></u>	☐ Change	Addition
NAME	LARMORE, MARY K	2 000.00	NAME	- -					
STREET ADDRESS	5399 61ST AVENUE, SOUTH		STREET ADDRI	SS					}
CITY-ST-ZIP TITLE	ST. PETERSBURG, FL 33715	☐ Delete	TITLE					☐ Change	Addition
NAME	BONDS, MICHAEL M	T Deidle	NAME					onengo	
STREET ADDRESS CITY-ST-ZIP	7039 123RD STREET, NORTH SEMINOLE, FL 33772		STREET ADDRE	SS (ĺ
TITLE	V	Delete	TITLE					☐ Change	Addition
NAME	HILL, MARY A	_ 55,540	NAME						
STREET ADDRESS	12738 GORDA CIR		STREET ADDRE	SS					
CITY-\$1-ZIP	LARGO, FL 33773	this filing does not qualify to	CITY-SI-ZIP	stated in S4	ection 119 07/3V	i). Florida Statutes	Liurther certif	iv that the in	formation
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: 813-569-35/0									
SIGNATURE: 08/20/09 8/3-367-20/0									