2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63495

Entity Name: FLORIDA BANK

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE TAMPA CITY CENTER, SUITE 100 201 NORTH FRANKLIN STREET TAMPA, FL 336022031 **Current Mailing Address: New Mailing Address:** ONE TAMPA CITY CENTER, SUITE 100 201 NORTH FRANKLIN STREET TAMPA, FL 336022031 FEI Number: 59-2331908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUCHANAN, KIM P FLORIDA BANK 201 N FRANKLIN ST, SUITE 100 TAMPA, FL 33602 ÚS 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FOWLER, TROY Name: Name: 201 N. FRANKLIN STREET, SUITE 100 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COUGHLIN, COREY Name: 201 N. FRANKLIN STREET, SUITE 100 Address: Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: Title: **PCFO** () Delete () Change () Addition PEMBLE, KATIE Name: Name: 201 N. FRANKLIN STREET, SUITE 100 Address: Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: CFO () Delete Title: () Change () Addition GARTHWAITE, JOHN Name: Name: Address: 201 N. FRANKLIN STREET, SUITE 2800 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: CCO Title: () Delete () Change () Addition BARTHOLOMAE, RICHARD M Name: Name: 201 N. FRANKLIN STREET, SUITE 2800 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition BUCHANAN, KIM P Name: Name: BUCHANAN, KIM P 201 N. FRANKLIN STREET, SUITE 100 201 N. FRANKLIN STREET, SUITE 100 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM P. BUCHANAN SD 02/05/2009