

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H67478 (8)**

1. Corporation Name

**RELiance BANK OF FLORIDA**

Principal Place of Business

2116 S. BABCOCK ST.  
P.O. BOX 2580  
MELBOURNE FL 32902

Mailing Address

2116 S. BABCOCK ST.  
P.O. BOX 2580  
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                 |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/22/1985</b>                                                                                          | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>59-2548200</b>                                                                                                              | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                       | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                              | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

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 registering)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | V                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DICK, JEFFREY S.   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 929 PELICAN LANE   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ROCKLEDGE FL       | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | C                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BANEY, RICHARD     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2045 A1A HIGHWAY   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | INDIALANTIC FL     | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIPRIMA, JOSEPH    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | P O BOX 2595       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | SATELLITE BEACH FL | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GATTO, MICHAEL     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 13 WINDJAMMER PT   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MERRITT ISLAND FL  | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | DP                 | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOCKMAN, SAMUEL    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 880 PERIGRINE DR.  | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | INDIALANTIC FL     | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCAFATI, MICHAEL   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8915 PINE ACRE     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ST. LOUIS MO       | 6.4 CITY - ST - ZIP                                   |                                                                   |

SEE ATTACHED LIST FOR ADDITIONAL

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 110.07(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:

*Jeffrey S. Dick* JEFFREY S. DICK, Sr. V.P. / Cashier

4/26/95

407/984-1400

1467478

DIRECTORS AND OFFICERS  
RELIANCE BANK OF FLORIDA

| <u>NAME</u>         | <u>TITLE</u>        | <u>ADDRESS</u>                                     |
|---------------------|---------------------|----------------------------------------------------|
| Richard N. Baney    | C                   | 2045 A1A Hwy<br>Indialantic, FL 32903              |
| Sam L. Bockman      | D/P                 | 880 Peregrine Dr.<br>Indialantic, FL 32903         |
| Joel E. Boyd        | D                   | 3030 Turtlemound Rd<br>Melbourne, FL 32935         |
| Ernest M. Briel     | D                   | 401 Roxy Avenue<br>Melbourne, Florida 32901        |
| Joseph DiPrima      | D                   | P.O. Box 2595<br>Satellite Beach, FL 32937         |
| Joseph Flammio      | D                   | 104 Osprey Court<br>Melbourne, FL 32940            |
| Michael Gatto       | D                   | 13 Windjammer Point<br>Merritt Island, FL 32952    |
| James Nance         | D                   | 150 Poinciana Drive<br>Indian Harbor Bch, FL 32937 |
| Michael Scafati     | D                   | 8915 Pine Acre<br>St. Louis, MO 63124              |
| Joseph Von Thron    | D                   | 529 S. Atlantic Ave.<br>Cocoa Beach, FL 32931      |
| Robert A. MacLenna  | V                   | 754 Thrasher Lane<br>Viera, FL 32955               |
| Jeffrey S. Dick     | V/S                 | 929 Pelican Lane<br>Rockledge, FL 32955            |
| M. Dooley Lowe, Jr. | V                   | 909 West Glenmore Circle<br>Melbourne, FL 32901    |
| Shari Bellina       | V                   | 1700 N. Atlantic Ave.<br>Cocoa Beach, FL 32931     |
| Jacqueline Brennick | AVP                 | 3195 Brentwood Lane<br>Melbourne, FL 32934         |
| Terry Z. Gabbard    | AVP                 | 2532 Chapparal Dr.<br>Melbourne, FL 32934          |
| Belinda Henderson   | A. Oper.<br>Officer | 1230 Sleepy Hollow Lane<br>Rockledge, FL 32955     |