FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H81217** **(2)**

1. Corporation Name
MADISON SAVINGS AND LOAN ASSOCIATION

Principal Place of Business	Mailing Address
35388 US HWY 19 N PALM HARBOR FL 34684	35388 US HWY 19 N PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1985**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2590224** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; County — 25 / 30
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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	V	☐ Change ☒ Addition
NAME	COTTON, HAROLD N.	1 2 NAME	COVELL, PETER	
STREET ADDRESS	11 CHILTERN HILL DR. N.	1 3 STREET ADDRESS	611 PALM DR.	
CITY-ST-ZIP	WORCESTER MA	1 4 CITY-ST-ZIP	LARGO, FL 34640	
TITLE	DC	2 1 TITLE	V	☐ Change ☒ Addition
NAME	CUTLER, MELVIN S.	2 2 NAME	SMITH, T. MIKE	
STREET ADDRESS	35388 US HWY 19 N	2 3 STREET ADDRESS	5437 OAKRIDGE DR.	
CITY-ST-ZIP	PALM HARBOR FL	2 4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	PD	3 1 TITLE	V	☐ Change ☒ Addition
NAME	MCGIVNEY, ROBERT	3 2 NAME	GRUTCHFIELD, SCOTT A.	
STREET ADDRESS	35388 US 19 N	3 3 STREET ADDRESS	600 SKYVIEW AVE.	
CITY ST ZIP	PALM HARBOR FL	3 4 CITY ST ZIP	CLEARWATER, FL 34616	
TITLE	SD	4 1 TITLE		☐ Change ☐ Addition
NAME	BYRD, BOBBY	4 2 NAME		
STREET ADDRESS	1 HARBORSIDE	4 3 STREET ADDRESS		
CITY ST ZIP	BELLEAIR FL	4 4 CITY ST ZIP		
TITLE	D	5 1 TITLE		☐ Change ☐ Addition
NAME	CANTONIS, GEORGE	5 2 NAME		
STREET ADDRESS	205 BAYVIEW DR.	5 3 STREET ADDRESS		
CITY ST ZIP	BELLEAIR FL	5 4 CITY ST ZIP		
TITLE	V	6 1 TITLE		☐ Change ☐ Addition
NAME	JASON, ROBERT A	6 2 NAME		
STREET ADDRESS	35388 US 19 N	6 3 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	6 4 CITY-ST ZIP		

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: _____ 4/6/95 813-786-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. JASON

0966443 CP