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Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H81217 (2)

1. Corporation Name

MADISON BANK

Principal Place of Business

35388 US HWY 19 N  
PALM HARBOR FL 34684

Mailing Address

35388 US HWY 19 N  
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1985

4. FEI Number

59-2590224

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME COVELL, PETER

STREET ADDRESS 611 PALM DR

CITY-ST-ZIP LARGO FL

TITLE CD ☐ DELETE

NAME CUTLER, MELVIN S

STREET ADDRESS 35388 US HWY 19 N

CITY-ST-ZIP PALM HARBOR FL 34684

TITLE PD ☐ DELETE

NAME MCGIVNEY, ROBERT

STREET ADDRESS 35388 US HWY 19 N

CITY-ST-ZIP PALM HARBOR FL 34684

TITLE SD ☐ DELETE

NAME BYRD, BOBBY

STREET ADDRESS 1 HARBORSIDE

CITY-ST-ZIP BELLEAIR FL

TITLE D ☐ DELETE

NAME CANTONIS, GEORGE

STREET ADDRESS 205 BAYVIEW DR.

CITY-ST-ZIP BELLEAIR FL

TITLE V ☐ DELETE

NAME JASON, ROBERT A

STREET ADDRESS 35388 US 19 N

CITY-ST-ZIP PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME WIKLE, PAUL J.

1.3 STREET ADDRESS 33 CENTRAL COURT

1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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. -- SEE CONTINUATION OF BLK.13 ATTACHED --

SIGNATURE

*[Signature]*

*[Signature]*

(110) 736 5000

PR2E034 (10/97)