

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H83808** (6)  
1. Corporation Name  
**PENINSULA STATE BANK**



Principal Place of Business <b>3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224</b>	Mailing Address <b>3100 SOUTH MCCALL ROAD ENGLEWOOD FL 34224-9841</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/29/1985</b>	3a. Date of Last Report <b>06/04/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-2525958</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HOYDIC, LINDA R 465 AZURE ROAD VENICE FL 34293</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYDIC, LINDA R	1.2 NAME	
STREET ADDRESS	465 AZURE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	1.4 CITY - ST - ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, SIMON	2.2 NAME	
STREET ADDRESS	2 DOMINICA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL 34223	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLOM, PAUL T.	3.2 NAME	
STREET ADDRESS	3320 BOURBON ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	3.4 CITY - ST - ZIP	<b>34223</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RONALD A	4.2 NAME	
STREET ADDRESS	1193 HIGHLAND AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	4.4 CITY - ST - ZIP	<b>34223</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>V. CHM. &amp; Director</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>CARLO J. LORICCO</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>3045 CARRING WAY</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>LUIS H. SERENITILL, MD.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2995 N. TAMMAMI TRAIL</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>PT. CHARLOTTE, FL 33952</b>

14. I do 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.

SIGNATURE: *Linda R. Hoydic* **LINDA R. HOYDIC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 941-473-3702  
Date Daytime Phone #

CR2E034 (9/96)