## FÎLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H89732

CITY FIRST BANK

Principal Place of Business	Mailing Address	
405 nr. Westshore Blvd. Tampa fl 33609	405 N. WESTSHORE BLVD. TAMPA FL 33609	

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90009 037 \*\*\*150.00



DO NOT	WRITE	IN THIS	SPACE

Applied For

3. Date Incorporated or Qualifed

12/12/1985 4. FEI Number

FA 0F00701

21		26			<u> </u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	_ <u></u>	27				Fee Rec	uirea
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00 1	· 1
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		_
24	25	29 30	<u>L</u>		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Regist	ered Agent	
*			81	Name	DAVITO A DD :		
	PER, THOMAS D		82	Street Addre	DAVID A. JR.		
. 7427 BAY DRIVE			"	4805~5	ss (P.O. Box Number is Not Acceptable)		
` TAMI	PA FL 33635		83				
	•						
	_		84	I A	MPA	FL  85   ZB3	წნ9
11. Pursuant i	to the provisions of Sections 807.0502	and 607,1508, Florida Statutes,	the above	e-named corpo	oration submits this statement for the purpo	se of changing its r	egistered
office or re	egistered agent, or both, in the State o	Florida, Such change was auth	orized by	the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as reg	istered '
agent. I ar	m familiarwith, and appent the collination	ons of, Section 607.0505, Florida	3 Statutes	•	2/9	vH 9a	.
SIGNATURE	Signature, types or printed rights of registers agent	and title if applicable. (NOTE: Re	nistered Agen	t signature required	when reinstating) DA	TE L	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE	CDP	☐ DELETE	1.1 TITLE	D		☐ Change	(X) Addition
NAME :N	LE VARGE, F.R.		1.2 NAME	ST	RAZ, DAVIDAA., JR.		ļ
STREET ADDRESS	3535 VILLAGE WAY		1.3 STREET	ADDRESS 38	05 SWANN AVENUE		
CITY-ST-ZIP,	TAMPA FL 33629		1.4 CITY-S	r-zip <b>TA</b>	MPA FL 33609		
TITLE	DS	☐ DELETE	2.1 TITLE	D		Change	Addition
NAME	CASPER, THOMAS D		2.2 NAME	GA	RDNER, BERNELL D.	•	
STREET ADDRESS	7427 BAY DRIVE	•	2.3 STREET	ADDRESS 10	O2 TARAY DEAVILA		
CITY-ST-ZIP	-TAMPA-FL-	ه اصبر معانوی، دامید منسو <sub>یان</sub> ی پ	2.4 CITY-S	T-ZIP TA	MPA_FL_33613	·	40
TITLE	D	☐ DELETE	3.1 TITLE	D		Change	XX Addition
NAME	BERGMANN, CHARLES E		3.2 NAME	CU	RRY, MARK W., JR.		
STREET ADDRESS	1205 MAGDALENE GROVE AVE	•	3.3 STREET		26 CLEAR AVENUE		}
CITŸ-ST-ZIP	TAMPA FL		3.4. CITY-S		MPA, FL 33629		
TITLE ,	D	☐ DELETE	4.1 TITLE	'		☐ Change	☐ Addition
NAME (	MEISTER, HENRY W		4. 2 NAME				1
STREET ADDRESS	3123 MOSS VALE LANE		4.3 STREET	ADDRESS			}
CITY-ST-ZIP	TAMPA FL		4.4 CITY-S	T-2IP			
TITLE	VD	☐ DELETÉ	5.1 TITLE			☐ Change	☐ Addition
NAME	LE VARGE, LINCOLN S		5.2 NAME				
STREET ADDRESS	607 LUZON AVE.	,	5.3 STREET	1			ł
CITY-ST-ZIP	TAMPA FL		5.4 CITY-S			- 4	
TITLE	VS	X DELETE	6.1 TITLE	VS		X Change	☐ Addition
NAME	SCHMIDT, FRANK JR.		6.2 NAME		STARD, LINDA S.		
STREET ADDRESS	3675 41ST WAY SOUTH		B.3 STREE		99 S. BELCHER ROAD, LO	T 193	}
CITY ST. ZIP	ST. PETERSBURG FL		6.4 CITY-S		DCO EL 3/6/11		J

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 with all other like empowered.

SIGNATURE: