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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # **H94060** (1)

1. Corporation Name
PARTNERS SAVINGS BANK

Principal Place of Business	Mailing Address
1701 S DALE MABRY P.O. BOX 10518 TAMPA FL 33629 US	PO BOX 10518 P.O. BOX 10518 TAMPA FL 33679-518 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1986
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-2612604 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes XX 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
(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	P	11 TITLE	☐ Change ☐ Addition
NAME	FISHER, H ASHLEY	12 NAME	
STREET ADDRESS	458 LUCERNE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, EVELYN J	22 NAME	
STREET ADDRESS	200 E MORGAN ST	23 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, JERMAIN M	32 NAME	
STREET ADDRESS	1541 LONG POND DR	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STOWERS, RICHARD A	42 NAME	
STREET ADDRESS	116 WILD OAK DR	43 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SWEAT, HENTY G	52 NAME	
STREET ADDRESS	BALM RD	53 STREET ADDRESS	
CITY-ST-ZIP	BALM FL	54 CITY-ST-ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	MCMULLEN, WILLIAM R	62 NAME	
STREET ADDRESS	7802 NEPTUNE WAY	63 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and not misleading. I further certify that the information indicated on this 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 with an address, with an asterisk, or on an attached sheet with an address.

SIGNATURE: _____ 2/13/95 813-254-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Laurence M. Jermain Vice President - Controller