

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H98216** (5)

1. Corporation Name

INDIAN ROCKS STATE BANK

Principal Place of Business

**12360 INDIAN ROCKS ROAD
LARGO FL 34644**

Mailing Address

**12360 INDIAN ROCKS ROAD
LARGO FL 34644**



3. Date Incorporated or Qualified
02/04/1986

3a. Date of Last Report
03/09/1995

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
59-2567960

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAME OF AGENT REMAINS THE SAME

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's signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONASSEN, WILLIAM S.	
STREET ADDRESS	165 ULMERTON RD. SW	
CITY- ST- ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, DUKE L.	
STREET ADDRESS	11321 HARMONY CT.	
CITY- ST- ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRO, CLOYD A.	
STREET ADDRESS	200 DRIFTWOOD LN.	
CITY- ST- ZIP	LARGO FL	
TITLE	VCB	<input type="checkbox"/> DELETE
NAME	ROBERTS, CHARLES R.	
STREET ADDRESS	10412 SOVEREIGN DR.	
CITY- ST- ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, J. ERIC, JR.	
STREET ADDRESS	2985 ELYSIUM WAY	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TONG, ROBERT T.	
STREET ADDRESS	11580 OAKHURST RD.	
CITY- ST- ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

(813) 596 9990

ASSIST. VICE PRES. & CASHIER

CR2E034 (12/95)

NAME OF OFFICERS AND DIRECTORS

STREET ADDRESS OF EACH

CITY AND STATE *pg 2 of 2*

UPMEYER, ERNST A.
DIRECTOR EMERITUS

478216

50 Harbor View Lane, #28

Belleair Bluffs, FL
34640

WARD, HAROLD M. CHAIRMAN/BD

2300 Wellesley Road

Clearwater, Florida
34624

WASSON, O. LEE
SENIOR VICE PRESIDENT
DIRECTOR

12415 Chickawaw Trail

Largo, Florida 34644

GEORGE, ROBERT C.,
PRESIDENT AND CEO
DIRECTOR

9699 125th Street N.

Seminole, FL 34642

OFFICERS

AUDREY L. ZEMAN (FORMERLY ASHPAUGH)
ASSISTANT VICE PRESIDENT & BR. MGR.

26 Pindo Palm E.

Largo, FL 34640

GEORGE F. BOSSA, JR.
VICE PRESIDENT AND CASHIER

8686 124th Way N.

Seminole, FL 34642

BERNIE F. KLINE
Senior Vice President

8165 Bayhaven Drive

Seminole, FL 34646

PHYLLIS B. KRUEGER
Auditor

1665 21st Street S.W.

Largo, FL 34644

TERI M. DOWNEN
Loan Operations Officer

13833 Dominica Drive

Largo, FL 34646

EVELYN A. OVERTON
Assistant to the President

14021 90th Place N.

Largo, FL 34646

CHRIS M. GILMAN
Assistant Vice President &
Branch Manager

11474 81st Avenue N.

Seminole, FL 34642

KELLY D. SIVELS
Assistant Cashier

12900 131st Street N., A-205

LARGO, FL 34644

KIMBERLY R. GREENE
Assistant Cashier

12261 Eldon Drive

LARGO, FL 34644