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

APPROVED AND FILED
95 APR -6 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43486** **(6)**

1. Corporation Name
MEMBERS TRUST COMPANY

Principal Place of Business	Mailing Address
950 W. FLETCHER AVE. P.O.BOX 11736 TAMPA FL 33612 US	950 W. FLETCHER AVE. P.O.BOX 11736 TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: delete PO Box
Suite, Apt. #, etc. — 27: delete PO Box

City & State — 23
City & State — 28

Zip — 24 | Country — 25
Zip — 29 | Country — 30

4. FEI Number: 59-2731780 ☐ 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
81 Name: Tom E. Walker
82 Street Address (P.O. Box Number is Not Acceptable): 6801 E. Hillsborough Avenue
83
84 City: Tampa FL 85 Zip Code: 33610

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: X Tom E Walker
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	V	1 1 TITLE	D ☐ Change ☒ Addition
NAME	RAKER, MARY ESTHER	1 2 NAME	DESSY, THOMAS J
STREET ADDRESS	1401 BERKSHIRE CT.	1 3 STREET ADDRESS	5009 BELMONT RD E
CITY ST ZIP	BRANDON FL	1 4 CITY ST ZIP	TAMPA, FL
TITLE	ST	2 1 TITLE	ST ☒ Change ☐ Addition
NAME	LIZER, JOHN W. (RESIGNED)	2 2 NAME	FLYNN, PETER
STREET ADDRESS	3913 BUCKINGHAM LOOP DR	2 3 STREET ADDRESS	5202 INTERBAY BLVD
CITY ST ZIP	VALRICO FL	2 4 CITY ST ZIP	TAMPA FL
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	WATERS, DAVID W., JR.	3 2 NAME	
STREET ADDRESS	12011 N. OREGON	3 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3 4 CITY ST ZIP	
TITLE	C	4 1 TITLE	☐ Change ☐ Addition
NAME	DAWSON, PERRY M.	4 2 NAME	
STREET ADDRESS	707 WESTWOOD DR.	4 3 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	4 4 CITY ST ZIP	
TITLE	P	5 1 TITLE	☐ Change ☐ Addition
NAME	WALKER, TOM E.	5 2 NAME	
STREET ADDRESS	6228 SOARING AVE.	5 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, PETER	6 2 NAME	
STREET ADDRESS	5202 INTERBAY BLVD.	6 3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	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)(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: X Tom E Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

813 621-7511 x 6118

000447 CP