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 # **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

3. Date Incorporated or Qualified: **11/19/1986**
3a. Date of Last Report: **04/06/1995**

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: **59-2731780** ☐ 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

WALKER, TOM E
6801 E. HILLSBOROUGH AVE.
TAMPA FL 33610

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: Tom E Walker — Tom E. Walker, President — DATE: 4/23/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME	DESSY, THOMAS J.		1.2 NAME		
STREET ADDRESS	5009 BELLMONT RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	Vice Chairman	☒ Change ☐ Addition
NAME	FLYNN PETER		2.2 NAME		
STREET ADDRESS	5202 INTERBAY BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Secretary/Treas	☒ 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	☐ DELETE	4.1 TITLE	Director	☒ 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	☐ DELETE	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	☐ DELETE	6.1 TITLE	Chairman	☐ Change ☒ Addition
NAME	FLYNN, PETER		6.2 NAME	Tom R. Dorety	
STREET ADDRESS	5202 INTERBAY BLVD.		6.3 STREET ADDRESS	1209 Monte Lake Drive	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Valrico, FL 33594-7136	

CR2E034 (12/95)

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: Tom E Walker — Tom E. Walker, Pres. — 4/23/96 — 8136217511 6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #