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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

950 W. FLETCHER AVE.
P.O. BOX 11736
TAMPA FL 33612
US

Mailing Address

950 W. FLETCHER AVE.
P.O. BOX 11736
TAMPA FL 33612-3358
US



2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/19/1986

3a. Date of Last Report

04/30/1996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DESSY, THOMAS J.
STREET ADDRESS 5009 BELMONT RD.
CITY-ST-ZIP TAMPA FL

TITLE VC ☐ DELETE
NAME FLYNN PETER
STREET ADDRESS 5202 INTERBAY BLVD
CITY-ST-ZIP TAMPA FL

TITLE ST ☐ DELETE
NAME WATERS, DAVID W., JR.
STREET ADDRESS 12011 N. OREGON
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME DAWSON, PERRY M.
STREET ADDRESS 707 WESTWOOD DR.
CITY-ST-ZIP BRANDON FL

TITLE P ☐ DELETE
NAME WALKER, TOM E.
STREET ADDRESS 6228 SOARING AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME FLYNN, PETER
STREET ADDRESS 5202 INTERBAY BLVD.
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME Dorety, Tom R.
1.3 STREET ADDRESS 1209 Monte Lake Drive
1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, President
X Tom E. Walker, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 813 621-7511
Date Daytime Phone #

CR2E034 (9/96)