

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **J46717**

(1)

95 JAN 24 PM 2: 52

1. Corporation Name

FIRST STATE BANK OF FLORIDA

Principal Place of Business

Mailing Address

800 DELTONA BOULEVARD  
DELTONA FL 32725

800 DELTONA BOULEVARD  
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/11/1986

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2733863

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

NAME

BRIGGS, BARRY

STREET ADDRESS

800 DELTONA BLVD.

CITY-ST-ZIP

DELTONA FL

TITLE

PD

NAME

ARNOLD, HARRY R.

STREET ADDRESS

800 DELTONA BLVD.

CITY-ST-ZIP

DELTONA FL

TITLE

D

NAME

KENT, LAWRENCE A.

STREET ADDRESS

840-K DELTONA BLVD.

CITY-ST-ZIP

DELTONA FL

TITLE

D

NAME

HILTZ, L T

STREET ADDRESS

50 E RIVER CENTER BLVD.

CITY-ST-ZIP

COOINGTON KY

TITLE

D

NAME

MATHIS, WILLIE JR.

STREET ADDRESS

800 DELTONA BLVD.

CITY-ST-ZIP

DELTONA FL

TITLE

D

NAME

PIPER, MILDRED A.

STREET ADDRESS

1250 PROVIDENCE BLVD.

CITY-ST-ZIP

DELTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: HARRY R. ARNOLD

1/9/95

(407) 574 0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number