

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

96 JUN 13 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J46717 (1)**  
 1. Corporation Name  
**FIRST STATE BANK OF FLORIDA**

Principal Place of Business <b>800 DELTONA BOULEVARD DELTONA FL 32725</b>	Mailing Address <b>800 DELTONA BOULEVARD DELTONA FL 32725</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified <b>12/11/1986</b>	<b>3a</b> Date of Last Report <b>01/24/1995</b>
<b>4</b> FEI Number <b>59-2733863</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> Zip Code

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, BARRY	12 NAME	
STREET ADDRESS	800 DELTONA BLVD.	13 STREET ADDRESS	<b>800001861558</b>
CITY - ST - ZIP	DELTONA FL	14 CITY - ST - ZIP	<b>-06/13/96--01053--008</b>
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<b>****233.75</b> <input type="checkbox"/> <b>****233.75</b> <input type="checkbox"/>
NAME	ARNOLD, HARRY R.	22 NAME	
STREET ADDRESS	800 DELTONA BLVD.	23 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, LAWRENCE A.	32 NAME	
STREET ADDRESS	840-K DELTONA BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTZ, L T	42 NAME	
STREET ADDRESS	50 E RIVER CENTER BLVD.	43 STREET ADDRESS	
CITY - ST - ZIP	COOINGTON KY	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, WILLIE JR.	52 NAME	
STREET ADDRESS	800 DELTONA BLVD.	53 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, MILDRED A.	62 NAME	
STREET ADDRESS	1250 PROVIDENCE BLVD.	63 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. C. Roberts, Harvey E. Bucknall, Sr. 6-12-96 (90)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)