

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J52187 (8)

1. Corporation Name

AMERICAN BANK AND TRUST



Principal Place of Business

101 WEST GARDEN STREET
PENSACOLA FL 32501

Mailing Address

101 WEST GARDEN STREET
PENSACOLA FL 32501

3. Date Incorporated or Qualified

01/15/1987

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2709635

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, LAMAR B.
101 W. GARDEN STREET
PENSACOLA FL 32503

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME COBB, LAMAR B.
STREET ADDRESS 4241 REYNOSA DRIVE
CITY-STATE-ZIP PENSACOLA FL

1.1 TITLE P, D ☒ Change ☐ Addition
1.2 NAME Cobb, Lamar B.
1.3 STREET ADDRESS 4630 LaJolla
1.4 CITY-STATE-ZIP Pensacola, FL 32504

TITLE D ☐ DELETE
NAME DENNISON, FAYETTE
STREET ADDRESS 8796 THUNDERBIRD DRIVE
CITY-STATE-ZIP PENSACOLA FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Dennison, Fayette
2.3 STREET ADDRESS 1921 Seville Drive
2.4 CITY-STATE-ZIP Pensacola, FL 32503

TITLE D ☐ DELETE
NAME STALNAKER, B L (DR)
STREET ADDRESS 3117 BRITTANY PL
CITY-STATE-ZIP PENSACOLA FL 32504

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Stalnaker, B. L. (Dr)
3.3 STREET ADDRESS 8796 Thunderbird Drive
3.4 CITY-STATE-ZIP Pensacola, FL 32514

TITLE D ☐ DELETE
NAME BAARS, THEO D JR
STREET ADDRESS 4806 HURON DR
CITY-STATE-ZIP PENSACOLA FL

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

TITLE C ☐ DELETE
NAME WESTMARK, FRANK E.
STREET ADDRESS 1385 WILLIAMS DITCH ROAD
CITY-STATE-ZIP CANTONMENT FL

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

TITLE D ☐ DELETE
NAME GULBERTSON, M. WARREN
STREET ADDRESS 3533 PINE FOREST ROAD
CITY-STATE-ZIP CANTONMENT FL

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Culbertson, M. Warren
6.3 STREET ADDRESS 3533 Pine Forest Road
6.4 CITY-STATE-ZIP Cantonment, FL 32533

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: Lamar B. Cobb, Lamar B. Cobb, President 1/16/96 (904)432-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)