

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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # J75264

(8)

1. Corporation Name

SOUTHERN COMMERCE BANK

Principal Place of Business

5650 BRECKENRIDGE PARK DR
SUITE 110
TAMPA FL 33610
US

Mailing Address

5650 BRECKENRIDGE PARK DR
SUITE 110
TAMPA FL 33610
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1987		3a. Date of Last Report 06/27/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2602009		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 or director

Signature typed or printed name of registered agent or director

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, THOMAS L.	1.2 NAME	
STREET ADDRESS	4600 WEST SUNSET BLVD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE	DEV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERDAN, THOMAS M.	2.2 NAME	
STREET ADDRESS	11302 LINBANKS PL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TEMPLE TERRACE FL	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ELIZABETH A	3.2 NAME	
STREET ADDRESS	9207 HOLLYRIDGE PL	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC NICHOL, ROBERT E.	4.2 NAME	
STREET ADDRESS	10002 PRINCESS PALM #212	4.3 STREET ADDRESS	425 Windmere Dr Apt 2A
CITY-STATE-ZIP	TAMPA FL	4.4 CITY-STATE-ZIP	STATE COLLEGE, PA 16801-7670
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSSEN, RAYMOND J.	5.2 NAME	
STREET ADDRESS	11509 CERCA DEL RIO PL.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TEMPLE TERRACE FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSIN, PETER C., JR.	6.2 NAME	
STREET ADDRESS	1500 HOLLOW TREE DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PITTSBURG PA	6.4 CITY-STATE-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: Elizabeth A. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 813-621-2080
Date: Designated Phone #

CR2E034 (12/95)