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Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33610-4288
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 310107

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

Zip

29 33680-0107

Country

30

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2602009

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

Thomas L. Wilson, PRESIDENT
c/o Southern Commerce Bank
5650 Breckenridge Park Dr Ste 110
Tampa, FL 33610

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)

4/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC ☐ DELETE

NAME WILSON, THOMAS L.
STREET ADDRESS 4800 WEST SUNSET BLVD.
CITY-ST-ZIP TAMPA FL

TITLE DEV ☐ DELETE

NAME BERDAN, THOMAS M.
STREET ADDRESS 11302 LINBANKS PL
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE S ☐ DELETE

NAME ROBERTS, ELIZABETH A
STREET ADDRESS 9207 HOLLYRIDGE PL
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME MC NICHOL, ROBERT E.
STREET ADDRESS 425 WINDMERE DR APT 2A
CITY-ST-ZIP STATE COLLEGE PA

TITLE D ☐ DELETE

NAME PROSSER, RAYMOND J.
STREET ADDRESS 11509 CERCA DEL RIO PL.
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D ☐ DELETE

NAME ROSSIN, PETER C., JR.
STREET ADDRESS 1500 HOLLOW TREE DR.
CITY-ST-ZIP PITTSBURG PA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 Elizabeth A Roberts, Elizabeth A Roberts 11-24-97 8:13:23 PM

CR2E034 (9/96)