

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

DOCUMENT # **J79172** (9)

1. Corporation Name

SOUTHEASTERN BANK OF FLORIDA



Principal Place of Business

**1010 SOUTH HIGHWAY 441
ALACHUA FL 32615**

Mailing Address

**P O BOX 1810
ALACHUA FL 32615
US**

3. Date Incorporated or Qualified
06/23/1987

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2763335

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

WARREN R. STAMP

82 Street Address (P.O. Box Number is Not Acceptable)

3909 SW 100TH ST.

83

84 City

GAINESVILLE

FL

85 Zip Code
32607

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

Warren R. Stamp

(NOTE: Registered Agent signature required when re-registering)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
GRAY, E. R JR
1010 NORTHWAY ST
DARIEN GA**

TITLE ☒ DELETE

NAME **DP
EVERETT, BRITT S
2526 NW 18TH WAY
GAINESVILLE FL**

TITLE ☐ DELETE

NAME **VD
BURKHALTER, DAN
1010 NORTHWAY ST
DARIEN GA**

TITLE ☐ DELETE

NAME **D
LITTLE, S. MICHAEL
1010 NORTHWAY ST.
DARIEN GA**

TITLE ☐ DELETE

NAME **VP
WARREN R. STAMP
3909 SW 100TH STREET
GAINESVILLE, FL. 32607**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

LITTLE, S. MICHAEL

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:

Dan Burkhalter

DAN BURKHALTER 4/29/96

904-462-5983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)