FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 22 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J81300 (2)

1. Corporation Name
CHARLOTTE STATE BANK

Principal Place of Business
1100 TAMIAMI TRAIL
PORT CHARLOTTE FL 33953

Mailing Address
1100 TAMIAMI TRAIL
PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/07/1987
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-2664950 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $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 [X] 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. **OFFICERS AND DIRECTORS**

TITLE	V
NAME	WILSON, BRADLEY L.
STREET ADDRESS	119 PALMETTO CIRCLE
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	D
NAME	CREWS, W. MARK
STREET ADDRESS	P.O. BOX 1400 N/A
CITY-ST-ZIP	ARCADIA FL
TITLE	D
NAME	BROWN III, CHARLES G.
STREET ADDRESS	4856 WINTERHAVEN AVE.
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	SMITH, JAMES T.
STREET ADDRESS	413 W. ANN ST.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	C
NAME	CREWS, J.W. JR.
STREET ADDRESS	P.O. BOX 248 N/A
CITY-ST-ZIP	WAUCHULA FL
TITLE	~~P~~
NAME	~~BROWN, CHARLES II~~
STREET ADDRESS	~~2261 GULFVIEW ROAD~~
CITY-ST-ZIP	~~PUNTA GORDA FL~~

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	V/D	[X] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V/D	[X] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	V	[ ] Change [X] Addition
62 NAME	Craig H. De Young	
63 STREET ADDRESS	25225 Nocturne Lane	
64 CITY-ST-ZIP	Port Charlotte, FL 33983	3/24

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: ______ 3-2-95 813-624-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bradley L. Wilson, Sr. V.P. & Cashier