

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2664950	Applied For 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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Bradley L. Wilson	
		82 Street Address (P.O. Box Number is Not Acceptable) 119 Palmetto Circle	
		83	
		84 City Pt. Charlotte	85 Zip Code FL 33952

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:  DATE: 4.21.98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	WILSON, BRADLEY L.	1.2 NAME	
STREET ADDRESS	119 PALMETTO CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CREWS, W. MARK	2.2 NAME	
STREET ADDRESS	P.O. BOX 1400 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33982	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	BROWN III, CHARLES G.	3.2 NAME	
STREET ADDRESS	4856 WINTERHAVEN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SMITH, JAMES T.	4.2 NAME	
STREET ADDRESS	413 W. ANN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	CREWS, J.W. JR.	5.2 NAME	
STREET ADDRESS	P.O. BOX 248 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33973	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	DE YOUNG, CRAIG H.	6.2 NAME	
STREET ADDRESS	25225 NOCTURNE LANE NOCTURNE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE:  DATE: 3-14-98 DAYTIME PHONE #: 941-624-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)