


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

FILED

Mar 10 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J81300					
1. Corporation Name CHARLOTTE STATE BANK					

Principal Place of Business 1100 TAMIAHI TRAIL PORT CHARLOTTE FL 33963	Mailing Address 1100 TAMIAHI TRAIL PORT CHARLOTTE FL 33963
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03/10/99 90205 023 158.75
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	
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 owes the current year Intangible Personal Property Tax. <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			
				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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRADLEY L.	1.2 NAME	
STREET ADDRESS	119 PALMETTO CIRCLE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PT. CHARLOTTE FL 33952	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, W. MARK	2.2 NAME	
STREET ADDRESS	P.O. BOX 1400 N/A	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ARCADIA FL 33952	2.4 CITY-STATE-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN III, CHARLES G.	3.2 NAME	
STREET ADDRESS	4856 WINTERHAVEN AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL 33952	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES T.	4.2 NAME	
STREET ADDRESS	413 W. ANN ST.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PUNTA GORDA FL 33952	4.4 CITY-STATE-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, J.W. JR.	5.2 NAME	
STREET ADDRESS	P.O. BOX 248 N/A	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WAUCHULA FL 33973	5.4 CITY-STATE-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE YOUNG, CRAIG H.	6.2 NAME	
STREET ADDRESS	25225 NOCURN LANE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PORT CHARLOTTE FL 33983	6.4 CITY-STATE-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, or in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/1/99

CR2E034 (1/98)