

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J82680 (6)

1. Corporation Name

FIRST NATIONAL BAR CORPORATION

Principal Place of Business

601 CLEVELAND ST  
CLEARWATER FL 34615  
US

Mailing Address

601 CLEVELAND ST  
CLEARWATER FL 34615  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SCOURTAS, LOUIS C  
615 CLEVELAND ST  
SUITE 22  
CLEARWATER FL 34615

3. Date Incorporated or Qualified

07/10/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2829833

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. 190.032,  
Florida Statutes ☒ Yes ☐ No

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director of the Corporation

Signature of Registered Agent or Director of the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

D  
SCHELLER, ERNST D  
601 CLEVELAND ST  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

☐ Change ☐ Addition

15 TITLE  
16 NAME  
17 STREET ADDRESS  
18 CITY, ST, ZIP

☐ Change ☐ Addition

19 TITLE  
20 NAME  
21 STREET ADDRESS  
22 CITY, ST, ZIP

☐ Change ☐ Addition

23 TITLE  
24 NAME  
25 STREET ADDRESS  
26 CITY, ST, ZIP

☐ Change ☐ Addition

27 TITLE  
28 NAME  
29 STREET ADDRESS  
30 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

☐ Change ☐ Addition

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 supplement or 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 addition set with an address.

SIGNATURE:

*Ernst Scheller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-447-8168

CR2E034 (12/95)