

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

FILED

Jan 30 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 # **J82680** (6)

1. Corporation Name
FIRST NATIONAL BAR CORPORATION



DO NOT WRITE IN THIS SPACE

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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
g. Name and Address of Current Registered Agent CHANDLER, JOHN A. 950 WHIPPOORWILL DR SUITE 22 PALM HARBOR FL 34683		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		86	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	CHANDLER, JOHN A	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	601 CLEVELAND ST	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	CLEARWATER FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE	3.2 NAME
NAME		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS		4.1 TITLE	4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	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 or on an attachment with an address.

SIGNATURE:

DUPLICATE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)