

1-17-95 B-COPY
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**CORPORATION
 ANNUAL REPORT
 1995**



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

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:46

DOCUMENT # J82993 (3)
 1. Corporation Name
SOUTH FLORIDA BANK

Principal Place of Business Mailing Address
2017 MCGREGOR BLVD.
P.O. BOX 2529
FORT MYERS FL 33901-3494
2017 MCGREGOR BLVD.
P.O. BOX 2529
FORT MYERS FL 33901-3494

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1988		3a. Date of Last Report 01/24/1994	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		4. FEI Number 65-0043572		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name **David Carleton Hall**
 82. Street Address (P.O. Box Number is Not Acceptable)
2017 McGregor Blvd
 83. City **Ft Myers** FL 85. Zip Code **33901**

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 duties and liabilities of the registered agent under Section 607.0502, Florida Statutes.

SIGNATURE *David Carleton Hall* **David Carleton Hall** 1/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BUNDSCHU, CHARLES C. III	1.2 NAME	
STREET ADDRESS	15311 ORANGE RIVER RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, JAMES T., JR.	2.2 NAME	
STREET ADDRESS	3486 AVOCADO DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT C. ADKINS	3.2 NAME	
STREET ADDRESS	3944 WEST RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	3.4 CITY, ST, ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	VALENTI, WILLIAM P.(CEO)	4.2 NAME	
STREET ADDRESS	6542 KESTREL CIRCLE	4.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HENDRY, ROBERT ERNEST	5.2 NAME	
STREET ADDRESS	2284 DIXIE LEE COURT	5.3 STREET ADDRESS	
CITY, ST, ZIP	ST. JAMES CITY FL	5.4 CITY, ST, ZIP	
TITLE	VTS	6.1 TITLE	☐ Change ☐ Addition
NAME	HALL, DAVID CARLETON	6.2 NAME	
STREET ADDRESS	1240 LOGAN LANE	6.3 STREET ADDRESS	
CITY, ST, ZIP	FORT MYERS FL	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *David Carleton Hall* **David Carleton Hall** 1/10/95 813-334-2020