

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J82993 (3)

1. Corporation Name

SOUTH FLORIDA BANK



Principal Place of Business

2017 MCGREGOR BLVD.
P.O. BOX 2529
FORT MYERS FL 33901-3494

Mailing Address

2017 MCGREGOR BLVD.
P.O. BOX 2529
FORT MYERS FL 33901-3494

3. Date Incorporated or Qualified
03/15/1988

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0043572

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

William P. Valenti

82 Street Address (P.O. Box Number is Not Acceptable)

6542 Kestrel Circle

83

84 City

Fort Myers

FL

85 Zip Code

33912

11. Pursuant to the provisions of Sections 607.0503 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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BUNDSCHU, CHARLES C. III
STREET ADDRESS 15311 ORANGE RIVER RD.
CITY-STATE-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME HUMPHREY, JAMES T., JR.
STREET ADDRESS 3486 AVOCADO DR.
CITY-STATE-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME ROBERT C. ADKINS
STREET ADDRESS 3944 WEST RIVERSIDE DRIVE
CITY-STATE-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME VALENTI, WILLIAM P.(CEO)
STREET ADDRESS 6542 KESTREL CIRCLE
CITY-STATE-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME HENDRY, ROBERT ERNEST
STREET ADDRESS 2284 DIXIE LEE COURT
CITY-STATE-ZIP ST. JAMES CITY FL

TITLE ☒ DELETE

NAME HALL, DAVID CARLETON
STREET ADDRESS 1240 LOGAN LANE
CITY-STATE-ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

13580 Brynwood Lane
Fort Myers FL 33912

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

941-334-2020

Date

Daytime Phone

CR2E034 (12/95)