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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0043572		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input 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 or has paid the current year intangible Personal Property Tax due June 30. <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

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	D	1.1 TITLE	D
NAME	BUNDSCHU, CHARLES C. III	1.2 NAME	FOCHT, RONALD D.
STREET ADDRESS	15311 ORANGE RIVER RD.	1.3 STREET ADDRESS	6377 MORGAN LA FEE LANE
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FL 33912
TITLE	D	2.1 TITLE	D
NAME	HUMPHREY, JAMES T., JR.	2.2 NAME	HUMPHREY, JAMES T., JR.
STREET ADDRESS	3486 AVOCADO DR.	2.3 STREET ADDRESS	1910 VIRGINIA AVE., #1601
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	D	3.1 TITLE	
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	
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	D
NAME	HENDRY, ROBERT ERNEST	5.2 NAME	HENDRY, ROBERT ERNEST
STREET ADDRESS	13580 BRYNWOOD LANE	5.3 STREET ADDRESS	2065 WEST FIRST STREET
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FT. MYERS FL 33901
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: WILLIAM P. VALENTI

02-09-98 941-334-2020

CR2E034 (10/97)