

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83021

(2)

1. Corporation Name

RUTLAND'S FLORIDA GULF BANK

Principal Place of Business

7101 PARK STREET NORTH
SEMINOLE FL 34647

Mailing Address

7101 PARK STREET NORTH
SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1987

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2859086

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

2. Principal Place of Business

21 7555 9th Street North

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, Florida

Zip

24 33702

Country

25 Pinellas

2a. Mailing Address

26 7555 9th Street North

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, Florida

Zip

29 33702

Country

30 Pinellas

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

TITLE	DP
NAME	THOMAS, LEO F.
STREET ADDRESS	1190 SHALLOW RUN RD
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	MARLOW, HARRY W.
STREET ADDRESS	5440 72ND AVE N
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	VS
NAME	MCMURRY, VICTOR G.
STREET ADDRESS	5450 CREEPING HAMMOCK DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	DC
NAME	RUTLAND JR., HUBERT
STREET ADDRESS	131 CORDOVA BLVD., NE.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	LANG, JOSEPH H.
STREET ADDRESS	4173 85TH ST., NO.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BAYNARD, LESTER
STREET ADDRESS	128 15TH AVENUE NORTH
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Thomas, Leo F.	
1.3 STREET ADDRESS	9725 58th Avenue North	
1.4 CITY - ST - ZIP	Pinellas Park, Florida 34666	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V/S	☒ Change ☐ Addition
3.2 NAME	George E. Cline, III	
3.3 STREET ADDRESS	8155 Glenbrooke Court	
3.4 CITY - ST - ZIP	Sarasota, Florida 34243	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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 registered agent 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:

Leo F. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/CEO

2/27/95

813-521-1000