

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90093 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83021

1. Corporation Name

FIRST STATE BANK OF PINELLAS

Principal Place of Business

201 2ND AVE NORTH
ST. PETERSBURG FL 33701
US

Mailing Address

201 2ND AVE NORTH
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1987

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HOYDIC, LINDA R
201 2ND AVE NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

DUSIL, JAMES E.

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

201 2ND AVENUE NORTH

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

JAMES E. DUSIL, PRESIDENT

APRIL 26, 1999

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/C	1.1 TITLE	D
NAME	SPRIGGS, A.G.	1.2 NAME	ARNOLD, PATRICK L.
STREET ADDRESS	264 SARATOGA CT	1.3 STREET ADDRESS	5798 SANDY POINTE DR
CITY-ST-ZIP	OSPREY FL 34229	1.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D	2.1 TITLE	P
NAME	MARLOW, HARRY W.	2.2 NAME	DUSIL, JAMES E.
STREET ADDRESS	5440 72ND AVE N	2.3 STREET ADDRESS	1944 ARVIS CIRCLE E.
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VS	3.1 TITLE	D
NAME	HOYDIC, LINDA	3.2 NAME	ADCOCK, LOUIE N., JR.
STREET ADDRESS	4735 SELMA ST	3.3 STREET ADDRESS	1 BEACH DR SE #2714
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	DVC	4.1 TITLE	D
NAME	RUTLAND, NANCY E	4.2 NAME	RUTLAND, NANCY E.
STREET ADDRESS	305 17TH AVE., NORTH	4.3 STREET ADDRESS	300 COFFEE POT RIVIERA NE
CITY-ST-ZIP	ST. PETERSBURG FL 33704	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	PD	5.1 TITLE	
NAME	NIX, HOWARD W JR.	5.2 NAME	
STREET ADDRESS	1288 SNELL ISLE BLVD., NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BAYNARD, LESTER	6.2 NAME	
STREET ADDRESS	128 15TH AVENUE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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, with all other like empowered.

SIGNATURE:

JAMES E. DUSIL

APRIL 26, 1999 (727) 896-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)