

**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

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DOCUMENT # **J83024 (6)**  
1. Corporation Name  
**THE TERRACE BANK OF FLORIDA**



Principal Place of Business: **5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA FL 33687-6828 US**  
Mailing Address: **5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA FL 33687-6828 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **08/10/1987**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-2689717**  
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 (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) City (84) State (85) Zip Code  
10. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>V</b>	<b>DONAHOE, KAREN L</b>	1.1 TITLE: <b>D</b>	<b>DEWEESE, WILLIAM O.</b>
NAME: <b>4804 SAN MIGUEL ST</b>		1.2 NAME: <b>4033 PRIORY CIR.</b>	
STREET ADDRESS: <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS: <b>TAMPA, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: <b>V</b>	<b>MCCARTHY, JOHN J</b>	2.1 TITLE: <b><del>D</del></b>	<b><del>RINK, WESLEY W.</del></b>
NAME: <b>5110 STONEHURST RD</b>	<input type="checkbox"/> DELETE	2.2 NAME: <b><del>523 GARRARD DR.</del></b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>TAMPA FL</b>		2.3 STREET ADDRESS: <b><del>TEMPLE TERRACE, FL.</del></b>	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<b>PORTER, CHARLES G</b>	3.1 TITLE: <b>D</b>	<b>ROSS, ANN M.</b>
NAME: <b>4901 W HANNA AVE</b>	<input type="checkbox"/> DELETE	3.2 NAME: <b>606 S. RIVERHILLS DR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>TAMPA FL</b>		3.3 STREET ADDRESS: <b>TEMPLE TERRACE, FL.</b>	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<b>AGLIANO, DENNIS S</b>	4.1 TITLE: <b>V</b>	<b>MAXWELL, CONNIE</b>
NAME: <b>4922 ST CROIX</b>	<input checked="" type="checkbox"/> DELETE	4.2 NAME: <b>14802 N. FLORIDA AVE K-176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>TAMPA FL</b>		4.3 STREET ADDRESS: <b>TAMPA, FL. 33613</b>	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<b>SMITH, DAVID J</b>	5.1 TITLE: <b>P/D</b>	<b>PUFFER, JOHN W., III</b>
NAME: <b>4810 E BUSCH BLVD SUITE H</b>	<input type="checkbox"/> DELETE	5.2 NAME: <b>3013 VILLA ROSA PK</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>TAMPA FL</b>		5.3 STREET ADDRESS: <b>TAMPA, FL.</b>	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<b>KLUFT, GERALD M</b>	6.1 TITLE: <b>D</b>	<b>GOEHRING, ROLAND A.</b>
NAME: <b>16408 AVILA BLVD</b>	<input type="checkbox"/> DELETE	6.2 NAME: <b>15401 LAKESHORE VILLA ST.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>TAMPA FL</b>		6.3 STREET ADDRESS: <b>TAMPA, FL.</b>	
CITY-ST-ZIP:		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 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, changed, or on an attachment with an address.

SIGNATURE: *Connie Maxwell* **CONNIE MAXWELL** 4/2/96 813-985-1128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

J83024 282

TEMPLE TERRACE  
5140 E. Fowler Avenue  
Tampa, FL 33617  
(813) 985-1128  
Fax (813) 985-0799

# The Terrace Bank

of Florida

UNIVERSITY  
2901 E. Fowler Avenue  
Tampa, FL 33612  
(813) 971-5700  
Fax (813) 971-5706

ADDITIONAL LISTING FOR OFFICERS AND DIRECTORS AS OF DECEMBER 31, 1995

V	MASHKE, MICHAEL M.	5006 W. LONGFELLOW AVE	TAMPA - A
V	DONNAN, WILLIAM J.	8801 HUNTERS LAKE DR APT. 118	TAMPA - A