

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 22 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 08/10/1987	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2689717	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year in changeable Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name	Smith, W. Earl
82 Street Address (P.O. Box Number is Not Acceptable)	5140 E. FOWLER AVE
83	
84 City	TAMPA
85 Zip Code	FL 33617

10. Name and Address of New Registered Agent

81 Name	Smith, W. Earl
82 Street Address (P.O. Box Number is Not Acceptable)	5140 E. FOWLER AVE
83	
84 City	TAMPA
85 Zip Code	FL 33617

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 *W. Earl Smith* **W. Earl Smith, Senior Vice President** 7/17/97
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	D	<input type="checkbox"/> DELETE
NAME	DEWEESE, WILLIAM O	
STREET ADDRESS	4033 PRIORY CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JOHN J	
STREET ADDRESS	5110 STONEHURST RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, CHARLES G	
STREET ADDRESS	4901 W HANNA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AGLIANO, DENNIS S	
STREET ADDRESS	4922 ST CROIX	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DAVID J	
STREET ADDRESS	4810 E BUSCH BLVD SUITE H	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLUFT, GERALD M	
STREET ADDRESS	16408 AVILA BLVD	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCKEEL ROSS ANN	
1.3 STREET ADDRESS	5140 B. FOWLER AVE.	
1.4 CITY-ST-ZIP	TAMPA FL 33617	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOEHRING, ROLAND A.	
2.3 STREET ADDRESS	5140 B. FOWLER AVE.	
2.4 CITY-ST-ZIP	TAMPA, FL 33617	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TOMASINO, PAUL	
3.3 STREET ADDRESS	5140 E. FOWLER AVE.	
3.4 CITY-ST-ZIP	TAMPA, FL 33617	
4.1 TITLE	CHAIRMAN & PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PUFFER, JOHN W III	
4.3 STREET ADDRESS	5140 E. FOWLER AVE.	
4.4 CITY-ST-ZIP	TAMPA, FL 33617	
5.1 TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMITH, W. Earl	
5.3 STREET ADDRESS	5140 E. FOWLER AVE.	
5.4 CITY-ST-ZIP	TAMPA, FL 33617	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *W. Earl Smith* **W. Earl Smith, S. VP** 7/17/97 **985-1128** (813)

CR2E034 (4/97)