

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

FILED

**Jan 15 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 # 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08/10/1987**

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **W. Earl Smith**

82 Street Address (P.O. Box Number is Not Acceptable): **5140 E. Fowler Ave**

83

84 City: **Tampa** FL 85 Zip Code: **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, Sr. V.P.** **1/05/98**

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 type="checkbox"/> DELETE
NAME	MCKEEL, ROSS ANN	
STREET ADDRESS	5140 E FOWLER AVE	
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

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Tomasino, Paul	
13 STREET ADDRESS	5140 E. Fowler Ave	
14 CITY-ST-ZIP	Tampa, FL 33617	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Goehring, Roland	
23 STREET ADDRESS	5140 E. Fowler Ave	
24 CITY-ST-ZIP	Tampa, FL 33617	
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Duffer, John W., III	
33 STREET ADDRESS	5140 E. Fowler Ave	
34 CITY-ST-ZIP	Tampa, FL 33617	
41 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Smith, W. Earl	
43 STREET ADDRESS	5140 E. Fowler Ave	
44 CITY-ST-ZIP	Tampa, FL 33617	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(b), 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** **1/05/98 (412) 985-1128**

CR2E034 (10/97)