


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

FILED  
Apr 27 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>J83024</b> 1. Corporation Name <b>THE TERRACE BANK OF FLORIDA</b>		



04/27/99 90082050 150.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business 5140 EAST FOWLER AVENUE P.O. BOX 16328 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	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified <b>08/10/1987</b>	4. FEI Number <b>59-2689717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name <b>VICKIE HOULLIS</b>	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		<b>5140 E. FOWLER AVENUE</b>	
		84 City	85 Zip Code
		<b>TAMPA</b>	<b>FL 33617</b>

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Vickie Houllis (Signature, typed or printed name of registered agent and title if applicable) (Date: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWEESE, WILLIAM O	
STREET ADDRESS	4033 PRIORITY CIRCLE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARTHY, JOHN J	
STREET ADDRESS	5110 STONEHURST RD	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, CHARLES G	
STREET ADDRESS	4901 W HANNA AVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEEL, ROSS ANN	
STREET ADDRESS	5140 E FOWLER AVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DAVID J	
STREET ADDRESS	4810 E BUSCH BLVD SUITE H	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLUFT, GERALD M	
STREET ADDRESS	18408 AVILA BLVD	
CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOMASINO, PAUL	
1.3 STREET ADDRESS	12301 N. 52ND ST.	
1.4 CITY-STATE-ZIP	TAMPA, FLORIDA 33617	
2.1 TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOEHRING, ROLAND A	
2.3 STREET ADDRESS	5140 E. Fowler Ave.	
2.4 CITY-STATE-ZIP	Tampa, Florida 33617	
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICKIE HOULLIS	
3.3 STREET ADDRESS	17020 PAULA LN	
3.4 CITY-STATE-ZIP	LUTZ, FLORIDA 33549	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 change d, or on an attachment with an address, with all other like empowerac.

SIGNATURE: VICKIE HOULLIS Vickie Houllis (813) 349-4566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

4/30