

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J83025** (3)

1. Corporation Name
LAKE STATE BANK

Principal Place of Business: **21780 HWY 54 LUTZ FL US**

Mailing Address: **PO BOX 1490 LAND O'LAKES FL 34639 US**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

FILED
95 FEB 13 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/01/1988**

3a. Date of Last Report: **06/17/1994**

4. FEI Number: **59-2647966**

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: **Marti J. Warren**

82. Street Address (P.O. Box Number is Not Acceptable): **21780 Hwy. 54**

83. City: **LUTZ**

84. State: **FL**

85. Zip Code: **33549**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: *Marti J. Warren* **MARTI J. WARREN** DATE: **1/23/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, C. RUSSELL
STREET ADDRESS	211 E. LAKE PADGETT DR.
CITY - ST - ZIP	LAND O'LAKES FL
TITLE	D
NAME	JOHNSON, LEONARD, H
STREET ADDRESS	301 E MERIDIAN AVE
CITY - ST - ZIP	DADE CITY FL
TITLE	D
NAME	STEPHENS, WILLIAM
STREET ADDRESS	3018 LAKE PAUGETT DR
CITY - ST - ZIP	LAND O'LAKES FL
TITLE	D
NAME	WALLER, ROLAND
STREET ADDRESS	5332 MAIN ST
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	PDC
NAME	MEYER, FREDERICK A.
STREET ADDRESS	18510 TURTLE DR.
CITY - ST - ZIP	LUTZ FL
TITLE	D
NAME	SIDLO, PAUL R.
STREET ADDRESS	3511 BERGER RD.
CITY - ST - ZIP	LUTZ 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	Keith Watson	
1.3 STREET ADDRESS	18701 Walker Rd.	
1.4 CITY - ST - ZIP	Lutz, FL 33549	
2.1 TITLE	V-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marti J. Warren	
2.3 STREET ADDRESS	2513 Greenmoor Place	
2.4 CITY - ST - ZIP	Tampa, FL 33618	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Susan Cason	
3.3 STREET ADDRESS	7711 Citronella Ct.	
3.4 CITY - ST - ZIP	Tampa, FL 33625	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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 if changed, or on an attachment with an addition.

SIGNATURE: *Marti J. Warren* DATE: **1/23/95 (813) 948-2065**