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

3-26-96 6—09695—C

DOCUMENT # **J83033** **(7)**

1. Corporation Name

WEST COAST BANK

Principal Place of Business	Mailing Address
2035 CATTLEMEN RD SARASOTA FL 34232 US	P.O. BOX 25869 SARASOTA FL 34277-2869

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

3. Date Incorporated or Qualified: **04/01/1988**

3a. Date of Last Report: **05/16/1995**

4. FEI Number: **59-2841312** ☐ Applied For ☐ Not Applicable

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

Joseph D. Hudgins
5665 Creekwood Circle
Sarasota, FL 34233

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 X _____ Joseph D. Hudgins, President
Signature of Registered Agent (Required) Name and Title (Typed or Printed) Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HUDGINS, JOSEPH D	
STREET ADDRESS	4718 SPRING MEADOW LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☒ DELETE
NAME	SAWYER, DANFORD L JR	
STREET ADDRESS	7301 S GATOR CREEK BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	WARRINGTON, H MONROE	
STREET ADDRESS	5850 VANDIRIPE ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	☐ DELETE
NAME	BARTH, DOROTHY	
STREET ADDRESS	470 ACACIA TRR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	MITCHELL, THOMAS E.	
STREET ADDRESS	4645 S. MCINTOSH RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	REEDER, JOHN W.	
STREET ADDRESS	1125 N. LAKE SHORE DR.	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	☒ Change ☐ Addition
12 NAME	Hudgins, Joseph D.	
13 STREET ADDRESS	5665 Creekwood Circle	
14 CITY-ST-ZIP	Sarasota, FL 34233	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 added or altered, in connection with an address.

SIGNATURE: _____ Vice President March 21, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date
Dorothy Barth (941)378-4400
Daytime Phone #