

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J83033

(7)

1. Corporation Name

WEST COAST BANK

Principal Place of Business

2035 CATTLEMEN RD  
SARASOTA FL 34232  
US

Mailing Address

P.O. BOX 25869  
SARASOTA FL 34277-2869



3. Date Incorporated or Qualified

04/01/1988

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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 607.0502 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

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 DP ☒ DELETE

NAME HUDGINS, JOSEPH D  
STREET ADDRESS 4718 SPRING MEADOW LN  
CITY-ST-ZIP SARASOTA FL

TITLE DP ☐ DELETE

NAME HUDGINS, JOSEPH D  
STREET ADDRESS 5885 CREEKWOOD CIRCLE  
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 BORTH, DOROTHY  
STREET ADDRESS 470 ACACIA TRR  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME MITCHELL, THOMAS E.  
STREET ADDRESS 4845 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

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME JOSEPH D. HUDGINS  
1.3 STREET ADDRESS 1220 BAY ROAD  
1.4 CITY-ST-ZIP SARASOTA, FL 34239

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Dorothy Borth* Vice President Kadu 1/29/97 941-378  
4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)