

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J84483** (3)
1. Corporation Name
PROVIDENT BANK OF FLORIDA

Principal Place of Business 6542 US HWY 41 NORTH APOLLO BEACH FL 33572 US	Mailing Address P O BOX 3430 APOLLO BEACH FL 33572 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1549 Ringling Blvd		2a. Mailing Address 26 P.O. Box 49557		3. Date Incorporated or Qualified 10/05/1988	
22 Sarasota, FL		27 Sarasota, FL		4. FEI Number 59-2800087	
23 34236		28 34230-6557		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34236		30 34230-6557		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			
85 Zip Code				86			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PCEO	MUNSELL, JOHN G.	950 ALLEGRO LANE APOLLO BEACH FL 33572		D		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VPD	SULERZYSKI, CHARLES W.	9000 OLD INDIAN HILL ROAD CINCINNATI OH 45243		DC		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	EVP	DICK, SUSAN I.	109 GOLDENWOOD DRIVE BRANDON FL 33511		DP	Kunk, Stephen E.	1549 Ringling Blvd. Sarasota, FL 34236
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	VSD	MAGEE, MARK E.	47 LOCUST HILL ROAD CINCINNATI OH 45245		D		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	D	GUNN, DONALD H.	1002 SOUTH MT. CARMEL ROAD BRANDON FL 33511				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D	CORR, THOMAS P.	840 SIGNET DRIVE APOLLO BEACH FL 33572		D	Davidson, John	1281 S. Tamiami Trail Sarasota, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502(4), 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: *Stephen E. Kunk* **3-5-98** **941-364-5767**

CR2E034 (10/97)