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

DOCUMENT # **J84817** **(2)**

1. Corporation Name

COMMUNITY BANK OF THE ISLANDS

Principal Place of Business	Mailing Address
2450 PERIWINKLE WAY P.O BOX 1640 SANIBEL FL 33957	2450 PERIWINKLE WAY P.O BOX 1640 SANIBEL FL 33957

3. Date Incorporated or Qualified: **12/30/1987**

3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0004909** ☐ 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

FRANK, LYMAN H III
1752 JEWEL BOX DRIVE
SANIBEL FL FL339-57

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 607.0403 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 _____ DATE _____

Signature, typed or printed name of registered agent and date required. (Required when changing registered agent.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ALBERT, CRAIG L		1.2 NAME	McLEOD, ALLAN L. JR.	
STREET ADDRESS	1725 JEWEL BOX DRIVE		1.3 STREET ADDRESS	15600 KINROSS CIRCLE	
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, LYMAN H., III		2.2 NAME		
STREET ADDRESS	1752 JEWEL BOX DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~TEN BROEK, ALLEN G~~		3.2 NAME		
STREET ADDRESS	~~6355 METROWEST BLVD., STE. 180~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL 32835~~		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~GOSS, MARY A.~~		4.2 NAME		
STREET ADDRESS	~~3869 WEST GULF DRIVE~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~SANIBEL FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IRELAND, MYTON W.		5.2 NAME		
STREET ADDRESS	632 LIGHTHOUSE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHSNON, STANLEY E JR		6.2 NAME		
STREET ADDRESS	8100 GLENFINNAN CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Lyman H. Frank III 05/07/96 941/472-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LYMAN H. FRANK III