# J 848,17

William F. Kelly Assistant Vice President Banking Center Manager

## **NationsBank**

NationsBank, N.A. 2450 Periwinkle Way Sanibel, FL 33957-3207 Tel 941 472-2800 Fax 941 472-6920 Cell 941 671-LOAN 100002775551--0 -02/15/99--01100--018 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

Examiner's Initials

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)  2. (Corporation Name)	(Document #)  (Document #)  (Document #)  (Document #)
3. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait  NEW FILINGS Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	Certified Copy  Photocopy Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### CERTIFICATE OF SURRENDER OF STATE CHARTER

Comment Barbart the Tstads	_		99 FEB
This is to certify that Community Bank of the Islands (Corporate Name)			
Chater No. 247-7 located at 2450 Perimitally Usey (Corporate Document Number) (Street Address)		SEC F	5 AM
(Corporate Document Number) (Street Address)			- <del>65</del> -
Sent bel F 33957 (City/State/Zip)	<u>-</u>	R <sub>mi</sub>	
(City/State/Zip)			
has completed the Merger Conversion (circle one) of said corporation to or into a N	Vational	/Federal	,
institution under the name of			
Notionsbank, N.A.			
effective October 9, 498, and does hereby surrende	er its ch	arter as a	a state
chartered institution and Florida corporation.	ā		
This certificate is signed by an authorized officer this	0	day of	
February , 1999.			
Notionsbank, N.A. (Institution Name)			
(Institution Name)	Ξ		
testers will am hely Assistant	Viceli	esdent	<u> </u>
(Authorized Officer)			•

FILING FEE: \$35

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