SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # J84825 (5)

1. Corporation Name
FIFTH THIRD BANK OF FLORIDA

Principal Place of Business	Mailing Address
4949 TAMIAMI TR N. PO BOX 413001 NAPLES FL 33941-0001	4949 TAMIAMI TR N. PO BOX 413001 NAPLES FL 33941-0001

2. Principal Place of Business	2a. Mailing Address
21 4099 Tamiami Trail North	26 Post Office Box 413021
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34103-3594 Country 25 USA	Zip 29 34101-3021 Country 30 USA

3. Date Incorporated or Qualified: 09/27/1988
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0048602 ☐ 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: Susan M. Rogge, VP/Controller
82 Street Address (P.O. Box Number is Not Acceptable): 4099 Tamiami Trail North
83 Post Office Box 413021
84 City: Naples, FL FL 85 Zip Code: 34101-3021

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: Susan M Rogge Vice President 6-24-96
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	D HOYT, JOHN 717 PITCH APPLE LANE NAPLES FL	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director/President/CEO Colleen M. Kvetko Fifth Third Bank, P.O. Box 413021 Naples, Florida 34101-3021	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAUSONTHUE, BRUCE D. 2885 GULF SHORE BLVD. N. NAPLES FL	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Duane J. Tabor 437 Rosemeade Lane Naples, Florida 34105	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC GUIDIDAS, ROBERT 416 PINE ST. NAPLES FL	XX DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director Michael C. Nordberg 362 Pinehurst Circle Naples, Florida 34113	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRETT, DONALD F. 821 BUTTONBUSH LN. NAPLES FL	XX DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Director Nancy H. Gunter 3100 Gulf Shore Boulevard North #104 Naples, Florida 34103	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIDY, DAVID D. 139 SEABREEZ AVE NAPLES FL	XX DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Director William Wallace Abbott 6923 Greentree Drive Naples, Florida 34108	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRECHT, EUGENE G 6820 SAN MARINO DRIVE #604 NAPLES FL	XX DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Director Donald I. Lowry Carriage Club, 2011 Gulf Shore Blvd. North Naples, Florida 34102	☐ Change XX Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Colleen M Kvetko, Colleen M. Kvetko, Pres./CEO 06/19/96 941-261-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #