

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5:13

DOCUMENT # J91260

(6)

1. Corporation Name

FIRST STATE BANK OF SARASOTA

Principal Place of Business

**5700 CLARK ROAD
SARASOTA FL 34233-3302**

Mailing Address

**5700 CLARK ROAD
SARASOTA FL 34233-3302**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1988

3a. Date of Last Report

05/10/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

2a. Mailing Address

26

Suite, Apt. #, etc

4. FEI Number

65-0114339

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

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 of the person named as registered agent and filed application)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

ARNOLD, PATRICK

STREET ADDRESS

5178 LANCEWOOD DR #13

CITY - ST - ZIP

SARASOTA FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

D

NAME

GWYNN, JOHN

STREET ADDRESS

930 SIESTA KEY PL

CITY - ST - ZIP

SARASOTA FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

D

NAME

SCAGGS, NEAL W

STREET ADDRESS

302 CENTRAL AVE

CITY - ST - ZIP

LOGAN WV

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

NAME

SHELL, ROBERT L JR

STREET ADDRESS

5 NICHOLS DR

CITY - ST - ZIP

BARBERSVILLE WV

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

D

NAME

SPRIGGS, ALFRED G

STREET ADDRESS

5760 MIDNIGHT PASS RD #410D

CITY - ST - ZIP

SARASOTA FL

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

VP

NAME

FREDERICK, DAVID C

STREET ADDRESS

5196 VILLAGE LAKE

CITY - ST - ZIP

SARASOTA FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David C. Frederick VP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/95 813-923-9999
Daytime Phone