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 # **J91260** **(6)**

1. Corporation Name

FIRST STATE BANK OF SARASOTA

Principal Place of Business	Mailing Address
5700 CLARK ROAD SARASOTA FL 34233-3302	5700 CLARK ROAD SARASOTA FL 34233-3302

3. Date Incorporated or Qualified: **10/13/1988**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21: 2323 STICKNEY POINT ROAD
22: Suite, Apt. #, etc.
23: City & State: SARASOTA, FL
24: Zip: 34231 25: Country: SARASOTA

2a. Mailing Address
26: 2323 STICKNEY POINT ROAD
27: Suite, Apt. #, etc.
28: City & State: SARASOTA, FL
29: Zip: 34231 30: Country: SARASOTA

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

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, type or print 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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ARNOLD, PATRICK		1.2 NAME		
STREET ADDRESS	5178 LANCEWOOD DR #13		1.3 STREET ADDRESS	5798 SANDY POINTE DRIVE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GWYNN, JOHN		2.2 NAME	CHARLES TWEEL	
STREET ADDRESS	930 SIESTA KEY PL		2.3 STREET ADDRESS	3228 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCAGGS, NEAL W		3.2 NAME		
STREET ADDRESS	302 CENTRAL AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOGAN WV		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHELL, ROBERT L JR		4.2 NAME		
STREET ADDRESS	5 NICHOLS DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARBERSVILLE WV		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DC	☒ Change ☐ Addition
NAME	SPRIGGS, ALFRED G		5.2 NAME		
STREET ADDRESS	5760 MIDNIGHT PASS RD #410D		5.3 STREET ADDRESS	264 SARATOGA COURT	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	VP	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	FREDERICK, DAVID C		6.2 NAME		
STREET ADDRESS	5196 VILLAGE LAKE		6.3 STREET ADDRESS	4859 GREYWOOD LANE	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA, FL 34235	

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

SIGNATURE: Marie C. Frederick 1-23-96 941-923-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID C. FREDERICK V.P. & CASHIER