FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

J91260

(6)

FIRST STATE BANK

FILED Apr 10 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address	E INDIENS DIES COLST NOON VENER DIEN AUN AUNT	8(8)) 4(8)) 9(8)) 8(8)(048 (i 168)			
2323 STICKNE SARASOTA FI US	EY POINT ROAD L 3423 1	2323 STICKNEY P SARASOTA FL 34: US			DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualified			
· · · · · · · · · · · · · · · · · · ·					10/13/1988	·		
	lace of Business	2a. Mailing Address			4. FEI Number	- - · · ·	plied For	
21	#	26			65-0114339		t Applicable	
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red		
City & State	A.	City & State					<u> </u>	
23	•	28			Bection Campaign Financing Trust Fund Contribution	\$5.00 ! Added to		
Zip	Country	Zip	Cour	ntry	This corporation owes or has paid the current year Intangible			
24			30		Personal Property Tax due June 30. Yes No			
<u></u>	9. Name and Address of Curre	29 nt Registered Agent	. ,,,,,		10. Name and Address of New Registered Agent			
				81 Name				
			F	B2 Street Ad	et Address (P.O. Box Number is Not Acceptable)			
				ou eer Au	Diess (F.O. Dox Hulfiber is Not Acceptable)			
				В3				
			-	84 City		85 Zip C	`ndo	
				City		FL 85 Zip C	,ode	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change	was authorized	by the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its appointment as r	registered egistered	
SIGNATURE		,	•					
SIGNATORE	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE: Registered	Agent signature rec	quired when reinstating) DA			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP DATES	∐ DEL€		E] .	SALDER CAPMIE	Change	Addition	
NAME	ARNOLD, PATRICK		1.2 NA	AE .	SNIDER CARMIE 8051 N. TAMIRAMIT	PAIL		
STREET ADDRESS	5798 SANDY POINTE DRIVE			EET ADDRESS	SARASOTA, FL 3	4243		
CITY-ST-ZIP	SARASOTA FL						138 Aprillian	
TITLE	D OHAVAIN TOLIN	[_] DELE		t l	C. TED FRENCH		Addition	
NAME	GWYNN, JOHN		2.2 NAI	5	1750 RINGLING &	3 LVD	1	
STREET ADDRESS	930 SIESTA KEY PL			EET ADDRESS	JARASOTA, FL 3	14230		
CITY-ST-ZIP TITLE	SARASOTA FL	DELE		Y-ST-ZIP	DIRECTOR	Change	Addition	
NAME	D SCAGGS, NEAL W	المال ليما	3.2 NAI	AE	CARRIATED DAVI			
STREET ADDRESS	302 CENTRAL AVE			EET ADDRESS	CODDINGTON DAVI 7157 VICTORIA C. UNINERSITY PARK	ROLE		
CITY-ST-ZIP	LOGAN WV			Y-ST-ZIP	UNINERSITY PARK	-, FL 3	34231	
TITLE	D	DELE				Change	Addition	
NAME	SHELL, ROBERT L JR		4. 2 NA					
STREET ADDRESS	5 NICHOLS DR			EET ADDRESS				
CITY-ST-ZIP	BARBERSVILLE WV			r-St-zip				
TITLE	DC	☐ DELE				Change	Addition	
NAME	SPRIGGS, ALFRED G	_	5.2 NAI			-		
STREET ADDRESS	264 SARATOGA COURT			EET ADDRESS				
CITY-ST-ZIP	OSPREY FL			Y-ST-ZIP				
TITLE	VP	☐ DELE		····		Change	Addition	
NAME	FREDERICK, DAVID C		6.2 NAJ	AE		-	1	
STREET ADDRESS	4859 GREYWOOD LANE			EET ADDRESS			ļ	
City-St-ZIP	SARASOTA FL			r-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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 charged, or on an attachment with an address.