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FILED
May 10 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J91260

1. Corporation Name
FIRST STATE BANK

Principal Place of Business	Mailing Address
2323 STICKNEY POINT ROAD SARASOTA FL 34231 US	2323 STICKNEY POINT ROAD SARASOTA FL 34231 US

05/10/99 90153 015 150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1988

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	5798 SANDY POINTE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GWYNN, JOHN		2.2 NAME		
STREET ADDRESS	930 SIESTA KEY PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
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	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPRIGGS, ALFRED G		5.2 NAME		
STREET ADDRESS	264 SARATOGA COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FREDERICK, DAVID C		6.2 NAME		
STREET ADDRESS	4859 GREYWOOD LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ A.V.P. 4-27-99 941-923-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/17