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FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J95409 (5)

1. Corporation Name  
SOUTHERN EXCHANGE BANK

Principal Place of Business  
1525 SWANN AVE.  
TAMPA FL 33606

Mailing Address  
1525 SWANN AVE.  
TAMPA FL 33606-2553



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
10/14/1988

3a. Date of Last Report  
04/16/1996

4. FEI Number  
59-2897874

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  
Herbert W. Clark, SVP & Cashier  
82 Street Address (P.O. Box Number is Not Acceptable)  
1525 W. Swann Ave.

83  
84 City Tampa FL 85 Zip Code 33606

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	STRAZ, DAVID A. JR.	
STREET ADDRESS	4805 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEATHERBY, RICHARD L	
STREET ADDRESS	5401 SOUTH RUSSELL STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONELLY, THOMAS D.	
STREET ADDRESS	6930 32ND AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLEN, JR., WILLIAM A.	
STREET ADDRESS	712 S. NEWPORT AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, STEPHANIE M	
STREET ADDRESS	2413 JETTTON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Straz, David A. Jr.	
1.3 STREET ADDRESS	1525 W. Swann Avenue	
1.4 CITY-ST-ZIP	Tampa, FL. 33606	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Weatherby, Richard L.	
2.3 STREET ADDRESS	1525 W. Swann Avenue	
2.4 CITY-ST-ZIP	Tampa, FL. 33606	
3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Clark, Herbert W.	
3.3 STREET ADDRESS	1525 W. Swann Avenue	
3.4 CITY-ST-ZIP	Tampa, FL. 33606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Romano, Jack L.	
6.3 STREET ADDRESS	5021 Shore Crest Circle	
6.4 CITY-ST-ZIP	Tampa, FL. 33609	

14. I do 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.

SIGNATURE:

Herbert W. Clark, S.V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 7, 1997 (813) 254-1940  
Date Daytime Phone #

CR2E034 (9/96)