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FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

1525 SWANN AVE.  
TAMPA FL 33606

P.O. BOX 2389  
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONELLY, THOMAS D SVP  
1525 SWANN AVE.  
TAMPA FL 33606

81 Name

JOHN T. LINTON

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

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 typed or printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP ☐ DELETE

NAME CONELLY, THOMAS D  
STREET ADDRESS 1525 SWANN AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME CONELLY, THOMAS D  
STREET ADDRESS 1525 SWANN AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME ROMANOO, JACK  
STREET ADDRESS 1525 SWANN AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME GILLEN, WILLIAM A JR.  
STREET ADDRESS 1525 SWANN AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME CHAPMAN, STEPHANIE M  
STREET ADDRESS 1525 SWANN AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 changed, or on an attachment with an address.

CR2E034 (1097)