

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harjis**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90086 008 \*\*\*150.00

**DOCUMENT # J95409**

1. Corporation Name

**SOUTHERN EXCHANGE BANK**

Principal Place of Business

**1525 SWANN AVE.  
TAMPA FL 33606**

Mailing Address

**P.O. BOX 2389  
TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/14/1988**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

**21 4401 W. KENNEDY BLVD.**

2a. Mailing Address

**26**

Suite, Apt., etc.

**#200**

Suite, Apt., etc.

**27**

City & State

**23 TAMPA, FL**

City & State

**28**

Zip

**24 33609**

Country

**25 USA**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**JOHN T. LINTON  
1525 SWANN AVE.  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

**KERRY M. WESTBROOK**

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

**4401 W. KENNEDY BLVD. SUITE 200**

83

84 City

**TAMPA**

**FL**

85 Zip Code  
**33609**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida  
office or registered agent, or both, in the State of Florida. Such cha  
agent. I am familiar with, and accept the obligations of, Section 607.

SIGNATURE

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

I, above-named corporation submits this statement for the purpose of changing its registered  
agent by the corporation's board of directors. I hereby accept the appointment as registered  
agent.

DATE

**4/1/99**

12. OFFICERS AND DIRECTORS

**SVP** ☒ DELETE

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

**D** ☒ DELETE

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

**D** ☒ DELETE

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

**D** ☒ DELETE

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

**D** ☒ DELETE

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

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SVP** ☐ Change ☒ Addition

1.2 NAME  
**RICHARD L. CALLIHAN**  
1.3 STREET ADDRESS  
**4401 W. KENNEDY BLVD.**  
1.4 CITY-ST-ZIP  
**TAMPA, FL 33609**

2.1 TITLE **SVP** ☐ Change ☒ Addition

2.2 NAME  
**SHARON HUNT**  
2.3 STREET ADDRESS  
**4401 W. KENNEDY BLVD.**  
2.4 CITY-ST-ZIP  
**TAMPA, FL 33609**

3.1 TITLE **VP & AUDITOR** ☐ Change ☒ Addition

3.2 NAME  
**DENNIS GRINSTEINER**  
3.3 STREET ADDRESS  
**4401 W. KENNEDY BLVD.**  
3.4 CITY-ST-ZIP  
**TAMPA, FL 33609**

4.1 TITLE **VP** ☐ Change ☒ Addition

4.2 NAME  
**WILLIAM HAMPTON**  
4.3 STREET ADDRESS  
**4401 W. KENNEDY BLVD.**  
4.4 CITY-ST-ZIP  
**TAMPA, FL 33609**

5.1 TITLE **VP** ☐ Change ☒ Addition

5.2 NAME  
**PATRICIA SALAG**  
5.3 STREET ADDRESS  
**4401 W. KENNEDY BLVD.**  
5.4 CITY-ST-ZIP  
**TAMPA, FL 33609**

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/99 813 207 0265**

0383519

CR2E034 (1/1/98)