

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J99027

(1)

1. Corporation Name

GOVERNORS BANK CORPORATION

Principal Place of Business

603 VILLAGE BLVD.  
P.O. BOX 024666  
WEST PALM BEACH FL 33409  
US

Mailing Address

603 VILLAGE BLVD.  
P.O. BOX 024666  
WEST PALM BEACH FL 33409  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/20/1987

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0011007

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

2. Principal Place of Business

21 4400 Congress Ave

2a. Mailing Address

26 4400 Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

City & State

27 West Palm Beach, FL

Zip

Country

24 33407

25 US

Zip

Country

29 33407

30 US

9. Name and Address of Current Registered Agent

BREWER, JUDITH A  
GOVERNORS BANK CORPORATION  
603 VILLAGE BLVD.  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

John S. Fletcher Esq

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

First Union Financial Center

83

200 S. Biscayne Blvd

84 City

Miami

FL

85 Zip Code  
33131

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

*John S. Fletcher*

4.26.95

Signature, typed or printed name of registered agent and the 4 appeared in

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS   | CITY - ST - ZIP  |
|-------|------------------|------------------|------------------|
| DP    | MATHEWS, BRENDA  | 603 VILLAGE BLVD | W. PALM BEACH FL |
| S     | BREWER, JUDITH A | 603 VILLAGE BLVD | W. PALM BEACH FL |
| T     | BUTLER, RALPH D  | 603 VILLAGE BLVD | W. PALM BEACH FL |
|       |                  |                  |                  |
|       |                  |                  |                  |
|       |                  |                  |                  |
|       |                  |                  |                  |
|       |                  |                  |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME        | 1.3 STREET ADDRESS    | 1.4 CITY - ST - ZIP               |
|-----------|-----------------|-----------------------|-----------------------------------|
| C         | RUDY SCHUPP     | 706 Xanadu            | JUPITER, FL                       |
| V         | RICHARD HASKINS | P.O. Box 4298 N/A     | WEST PALM BEACH, FL 33407         |
| T         | CARLA POLLARD   | 15740 73rd Terrace N. | Palm Beach Gardens, Florida 33418 |
|           |                 |                       |                                   |
|           |                 |                       |                                   |
|           |                 |                       |                                   |
|           |                 |                       |                                   |
|           |                 |                       |                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition with an address.

SIGNATURE:

*Carla Pollard*

CARLA POLLARD

4/26/95

407.863.2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)