

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K00390 (0)
1. Corporation Name
NORTHSIDE BANK OF TAMPA

Principal Place of Business 12233 NORTH FLORIDA AVENUE P.O. BOX 82182 TAMPA FL 33682-9182	Mailing Address 12233 NORTH FLORIDA AVENUE P.O. BOX 82182 TAMPA FL 33682-9182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/17/1989	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2915580	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NORTH BANK OF TAMPA
12233 NORTH FLORIDA AVENUE
TAMPA FL 33682**

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARE, GLENDA	1.2 NAME	See Addendum
STREET ADDRESS	1203 FLORESILLA DE AVILLA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, LLOYD D	2.2 NAME	
STREET ADDRESS	P.O. BOX 1767 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33802	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADCOCK, JOHNNY R	3.2 NAME	
STREET ADDRESS	107 E. FOWLER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	SVS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COS, ELIZABETH	4.2 NAME	
STREET ADDRESS	12233 N FLORIDA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JUDY A	5.2 NAME	
STREET ADDRESS	12233 N FLORIDA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **3-2-98 (013) 933-2255**

CR2E034 (10/97)

NORTHSIDE BANK OF TAMPA

1998 ADDENDUM

OFFICERS AND DIRECTORS

The following persons are not listed on the annual report form:

D
Couch, Theodore J., Sr
1717 E. Fowler Avenue
Tampa, Florida 33612

D
Eubanks, W. Hunter, M.D.
13801 Bruce B. Downs Blvd.
Suite 104
Tampa, Fl 33614

D
Hall, Laurence W., Jr.
13001 N. Nebraska Avenue
Tampa, FL 33612

D
Valiente, Jose
918 Busch Blvd.
Suite 200
Tampa, FL 33612

D/P
Vivero, Jose
12233 N. Florida Avenue
Tampa, FL 33612

D
Whitley, Roger A.
11300 N. Florida Avenue
Tampa, FL 33612

VP
Brungard, Susan A.
12233 N. Florida Avenue
Tampa, FL 33612

VP
Vivero, Gabriel J.
12233 N. Florida Avenue
Tampa, FL 33612

Operations Officer
Piazza, Denise L.
12233 N. Florida Avenue
Tampa, FL 33612

Branch Manager
Burgin, Bruce L.
12233 N. Florida Avenue
Tampa, FL 33612

Delete:

D
DeLotto, J. C.