FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K06495** **(1)**

1. Corporation Name
WEST COAST BANCORP, INC.

Principal Place of Business	Mailing Address
2724 DEL PRADO BLVD., S. P.O. BOX 000 CAPE CORAL FL 33910	2724 DEL PRADO BLVD., S. P.O. BOX 000 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1987
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2724 Del Prado Blvd., S.	26 P. O. Box 1467
Suite, Apt. #, etc. 22 P. O. Box 1467	Suite, Apt. #, etc. 27
City & State 23 Cape Coral FL	City & State 28 Cape Coral FL
Zip / Country 24 33910 / 25 U. S.	Zip / Country 29 33910 / 30 U. S.

4. FEI Number: 65-0018667 ☐ 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
GEML, MICHAEL P. 2724 DEL PRADO BLVD., S. CAPE CORAL FL 33904	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ADAMSKI, ROBERT C.	12 NAME	
STREET ADDRESS	13649 BRYNWOOD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	CRONIN, THOMAS R.	22 NAME	
STREET ADDRESS	2711 E. FIRST ST	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	GEML, MICHAEL P.	32 NAME	
STREET ADDRESS	1316 SE 32ND TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LEDWARD, JEFFREY C.	42 NAME	
STREET ADDRESS	1450 BEECHWOOD TRAIL SW	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOWARD, JOSEPH G.	52 NAME	
STREET ADDRESS	826 MONTICELLO COURT	53 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	ZELLNER, STEPHEN R.	62 NAME	
STREET ADDRESS	5452 HARBOUR CASTLE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP	

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 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: _____ 4/13/95 813-772-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

Nicholas J. Panicaro, CFO

0460429 FP