

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K33582** (3)
1. Corporation Name
TOMOKA STATE BANK

Principal Place of Business

**201 S NOVA ROAD
ORMOND BEACH FL 32174**

Mailing Address

**201 S NOVA ROAD
ORMOND BEACH FL 32174**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1989		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2919037		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				
9. Name and Address of Current Registered Agent				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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DC
NAME	DARGAN, THOMAS H.	1.2 NAME	Ahrens, Robert
STREET ADDRESS	6 ALBERTA	1.3 STREET ADDRESS	1796 Mitchell Ct.
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE	CD	2.1 TITLE	D
NAME	FLEUCHAUS, P T	2.2 NAME	Perryman, David
STREET ADDRESS	200 S BEACH ST	2.3 STREET ADDRESS	1427 Oak Forest Dr.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D	3.1 TITLE	D
NAME	HEEBNER, PETER B	3.2 NAME	Pruett, Otis
STREET ADDRESS	231 RIO PINAR TRAIL	3.3 STREET ADDRESS	157 Windwood Circle
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	D	4.1 TITLE	D
NAME	VAUGHN, WILLIAM E.	4.2 NAME	Torrence, E. Thomas
STREET ADDRESS	2 EAGLE DR	4.3 STREET ADDRESS	2018 Blais Avenue
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	D	5.1 TITLE	
NAME	MILLER, SANFORD	5.2 NAME	
STREET ADDRESS	7 FERNWOOD TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MILLER, NORMAN N	6.2 NAME	
STREET ADDRESS	200 PALMETTO PINES RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	6.4 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)(k), 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, 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: *Thomas H. Dargan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 904-672-5100

CR2E034 (12/95)