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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K45359

(2)

1. Corporation Name

SOUTHWEST BANKS, INC.

Principal Place of Business

Mailing Address

800 GOODLETTE RD. N.  
P.O. BOX 413043  
NAPLES FL 33941-0043

800 GOODLETTE RD. N.  
P.O. BOX 413043  
NAPLES FL 34101-3043



3. Date Incorporated or Qualified

11/15/1988

3a. Date of Last Report

02/06/1996

4. FEI Number

65-0083473

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ALBERT, LEWIS S  
900 GOODLETTE RD NO  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

KENNETH P. WERNER

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

900 GOODLETTE ROAD N

83

84 City

NAPLES

85 FL

Zip Code

34102

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

Kenneth P. Werner

KENNETH P. WERNER

April 29, 1997

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DVS  
NAME RICHTER, GARRETT S.  
STREET ADDRESS 2281 PINWOOD CIR.  
CITY- ST- ZIP NAPLES FL

TITLE V  
NAME ALBERT, LEWIS S.  
STREET ADDRESS 27821 HACIENDA E. BLVD. #221D  
CITY- ST- ZIP BONITA SPRINGS FL

TITLE D  
NAME WYNN, LARRY A  
STREET ADDRESS 6881 BOTTLEBRUSH LN  
CITY- ST- ZIP NAPLES FL

TITLE D  
NAME HARRINGTON, FRANCIS E. J  
STREET ADDRESS 308 SPRING LINE DR.  
CITY- ST- ZIP NAPLES FL

TITLE D  
NAME LINDSAY, JAMES S.  
STREET ADDRESS 330 SPRING LINE DR.  
CITY- ST- ZIP NAPLES FL

TITLE V  
NAME JACKSON, SIDNEY T.  
STREET ADDRESS 762 HICKORY RD.  
CITY- ST- ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME CHAIRMAN  
4.3 STREET ADDRESS GARY L. TICE  
4.4 CITY- ST- ZIP 2197 PINWOODS CIR  
NAPLES, FL 34105

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME VP/D  
6.3 STREET ADDRESS DAVID W. GOMER  
6.4 CITY- ST- ZIP 3510 SE 29TH PLACE  
CAPE CORAL, FL 33904

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)