# 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

**FILED**
95 APR 24 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61532** **(3)**

1. Corporation Name
**FIRST NATIONAL BANCSHARES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~A. A. DEAN CASTILLO~~<br>3900 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33021 | ~~A. A. DEAN CASTILLO~~<br>3900 HOLLYWOOD BLVD<br>HOLLYWOOD FL 33021 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/27/1989**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business
21: c/o MAURICE LOVE
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: c/o MAURICE LOVE
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **65-0120531** ☐ 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

~~CASTILLO, A. DEAN~~
3900 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: MAURICE LOVE
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 607.1308, 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: MAURICE LOVE PRESIDENT — DATE: 4-19-95
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 | ADAMS, CHARLES B. | 12 NAME | |
| STREET ADDRESS | 3341 JOHNSON ST | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CALVIN, JOHN | 22 NAME | |
| STREET ADDRESS | 3129 N 29TH AVE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CANNOVA, FRANK | 32 NAME | |
| STREET ADDRESS | 5399 61ST AVE S | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | DIRECTOR ☐ Change ☐ Addition |
| NAME | CASTILLO, A. DEAN | 42 NAME | MAURICE LOVE |
| STREET ADDRESS | 3900 HOLLYWOOD BLVD | 43 STREET ADDRESS | 3900 HOLLYWOOD BLVD |
| CITY-ST-ZIP | HOLLYWOOD FL | 44 CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | EDELSTEIN, LLOYD | 52 NAME | |
| STREET ADDRESS | 3900 HOLLYWOOD BLVD, PH | 53 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** MAURICE LOVE, PRESIDENT 4/19/95 (305) 987-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP