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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:18

DOCUMENT # K96152 (9)

1. Corporation Name
SOUTHTRUST BANK OF ORLANDO

Principal Place of Business	Mailing Address
135 WEST CENTRAL BLVD. ORLANDO FL 32801	P.O. BOX 2166 ORLANDO FL 32802-2166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 07/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2979032 ☐ 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
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	CP	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BOGAN, R. VAN	1.2 NAME	
STREET ADDRESS	135 W. CENTRAL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	CAPPLEMAN, JR., LAWRENCE E.	2.2 NAME	Schirm, Joan
STREET ADDRESS	884 S. DILLARD STREET	2.3 STREET ADDRESS	100 West Washington Street
CITY-ST-ZIP	WINTER GARDEN FL 34777-0189	2.4 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	COOKSEY, SR., GRADY M.	3.2 NAME	
STREET ADDRESS	1117 E. ROBINSON STREET	3.3 STREET ADDRESS	Grady M. Cooksey, Sr. is no longer a Director
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	FALIERO, KENNETH F.	4.2 NAME	Cooksey, Jr., Grady M.
STREET ADDRESS	4350 W. CYPRESS ST. S202	4.3 STREET ADDRESS	1117 E. Robinson Street
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	MCCORKLE, ANDREW L.	5.2 NAME	Wilding, Ernest L.
STREET ADDRESS	1907 STONEHURST RD	5.3 STREET ADDRESS	1086 Florida Central Parkway
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Longwood, Florida 32750
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: R. Van Bogan R. Van Bogan 1-31-95 (407)246-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R. Van Bogan

0003706 CP