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

1-25-96 B-0267 = C

DOCUMENT # **L07157** (5)

1. Corporation Name

VILLAGE BANKSHARES, INC.

Principal Place of Business	Mailing Address
13303 N DALE MABRY TAMPA FL 33618	13303 N DALE MABRY TAMPA FL 33618

3. Date Incorporated or Qualified: **08/03/1989**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **59-2963764** ☐ 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

ARCHIBALD, GERALD K.
13303 N DALE MABRY
TAMPA FL 33618

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 of a new registered agent required when listed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VICE CHAIRMAN	☐ Change ☒ Addition
NAME	ARCHIBALD, GERALD K.		1.2 NAME	GARY L. BLACKWELL	
STREET ADDRESS	4602 LAVER CT		1.3 STREET ADDRESS	6915 S.R. 54	
CITY ST ZIP	TAMPA FL		1.4 CITY ST ZIP	NEW PORT RICHEY, FL 34653	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADCOCK, JOHN L.		2.2 NAME		
STREET ADDRESS	16104 SONSOLE DE AVILA		2.3 STREET ADDRESS		
CITY ST ZIP	TAMPA FL		2.4 CITY ST ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENDER, JR., WILLIAM R		3.2 NAME		
STREET ADDRESS	4211 SAN RAFAEL ST		3.3 STREET ADDRESS		
CITY ST ZIP	TAMPA FL		3.4 CITY ST ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOBBS, ROBERT S.		4.2 NAME		
STREET ADDRESS	2506 W. SHELL POINT ROAD		4.3 STREET ADDRESS		
CITY ST ZIP	TAMPA FL		4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST ZIP			5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP			6.4 CITY ST ZIP		

CR2E034 (12/95)

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 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: William R. Reynolds Jr. SECRETARY / TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 1996 (Date) (813) 269-5000 (Daytime Phone #)