

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L20553 (8)
1. Corporation Name
MERCANTILE BANK



Principal Place of Business Mailing Address
425 - 22ND AVENUE NORTH 425 - 22ND AVENUE NORTH
ST. PETERSBURG FL 33704-4345 ST. PETERSBURG FL 33704-4345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1990
4. FEI Number
59-2560767
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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HARRIS, THOMAS M.
STREET ADDRESS 150 2ND AVENUE NO, SUITE 1500
CITY-ST-ZIP ST. PETERSBURG FL
TITLE D ☐ DELETE
NAME KONCIUS, ALGIS
STREET ADDRESS 5725 DRAGON WAY, SUITE 219
CITY-ST-ZIP CINCINNATI OH
TITLE D ☐ DELETE
NAME ORTIZ, LOUIS P.
STREET ADDRESS 888 EXEC. CENTER DR. W., SUITE 101
CITY-ST-ZIP ST. PETERSBURG FL
TITLE D ☐ DELETE
NAME RISSER, P. N., III
STREET ADDRESS 2865 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP CLEARWATER FL
TITLE DP ☐ DELETE
NAME CAMPBELL, GORDON W
STREET ADDRESS 425 22ND AVE. NO.
CITY-ST-ZIP ST. PETERSBURG FL
TITLE VTS ☐ DELETE
NAME MILLER, BARRY K
STREET ADDRESS 425 22ND AVENUE NO.
CITY-ST-ZIP ST. PETERSBURG FL

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

Barry K Miller 1/15/98 (613) 411-1113

CR2E034 (10/97)