

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L91008** (7)
1. Corporation Name
SEMINOLE BANK

Principal Place of Business
**10899 PARK BOULEVARD
SEMINOLE FL 34642-5422**

Mailing Address
**10899 PARK BOULEVARD
SEMINOLE FL 34642-5422**



DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 04/01/1991	
4. FEI Number 59-2365470		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 City		84 City		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Director
NAME	CASTLES, ROBERT G.	1.2 NAME	Bruce H. McDowell
STREET ADDRESS	13861 87TH AVE. NO.	1.3 STREET ADDRESS	1450 Sever Woods Ct.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Lawrenceville, Ga 30423
TITLE	D	2.1 TITLE	Director
NAME	DELOACH, DENNIS R., JR.	2.2 NAME	Claude D. McMullen
STREET ADDRESS	13575 OAKHURST RD.	2.3 STREET ADDRESS	14180 111th Terr No.
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Largo, Fl 33774
TITLE	D	3.1 TITLE	Director
NAME	FORDHAM, GEORGE E.	3.2 NAME	Wendell E. Taylor
STREET ADDRESS	7175 - 119TH ST. NO.	3.3 STREET ADDRESS	6833 Greenbriar Dr.
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	Seminole, Fl 33772
TITLE	D	4.1 TITLE	President
NAME	FRASER, LEWIS L.	4.2 NAME	Jeffory H. Forbes
STREET ADDRESS	6300 - 26TH AVE. NO.	4.3 STREET ADDRESS	611 66th Ave., So.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Fl 33705
TITLE	D	5.1 TITLE	Sr. Vice President
NAME	HURD, ROBERT L.	5.2 NAME	Larry C. Cunningham
STREET ADDRESS	14583 - 102ND AVE. NO.	5.3 STREET ADDRESS	1092 Sanabel Ct. NE
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	St. Petersburg, Fl 33702
TITLE	D	6.1 TITLE	Sr. Vice President
NAME	LURIE, EDWARD J.	6.2 NAME	William R. Young
STREET ADDRESS	12600 - 88TH AVE. NO.	6.3 STREET ADDRESS	10500 Village Dr. E204
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	Seminole, Fl 33772

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:

William R. Young SR

2/19/98

(813)-398-5511

CR2E034 (10/97)