# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:36

DOCUMENT # M86767 (4)

1. Corporation Name
HERITAGE BANCSHARES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 7697<br>FT. MYERS FL 33911 | PO BOX 7697<br>FT. MYERS FL 33911 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1988
3a. Date of Last Report: 02/03/1994

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: 65-0059575 ☐ 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

GREEN, BRUCE D.
12800 UNIVERSITY DRIVE, STE 600
FORT MYERS FL 33907

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 | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOERR, LEO R. | 1.2 NAME | | |
| STREET ADDRESS | 2205 RIVER OAK LANE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 1.4 CITY-ST-ZIP | | |
| TITLE | CD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BROWN, DAVID C. M.D. | 2.2 NAME | | |
| STREET ADDRESS | 1195 CALOOSA DR | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GREEN, BRUCE D. | 3.2 NAME | | |
| STREET ADDRESS | 1247 CANTERBURY DR. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOSORETZ, DANIEL E. M.D | 4.2 NAME | | |
| STREET ADDRESS | 13221 PONDEROSA LANE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 4.4 CITY-ST-ZIP | | |
| TITLE | EVPD | 5.1 TITLE | E/V/P/D/T | ☐ Change ☒ Addition |
| NAME | DUVALL, DAVID A. | 5.2 NAME | | |
| STREET ADDRESS | 1436 BRANDYWINE CR. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DRAKE, THOMAS G. | 6.2 NAME | | |
| STREET ADDRESS | 1204 THIRD STREET EAST | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEHIGH ACRES FL | 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:** _____ LEO R DOERR 2/6/95 813-482-1441
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0450402 FP