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

DOCUMENT # **M86767** **(4)**

1. Corporation Name
HERITAGE BANCSHARES, INC.

Principal Place of Business	Mailing Address
PO BOX 7697 FT. MYERS FL 33911	PO BOX 7697 FT. MYERS FL 33911

3. Date Incorporated or Qualified: 06/23/1988
3a. Date of Last Report: 02/16/1995

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: 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 ____

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	PD	☐ DELETE
NAME	DOERR, LEO R.	
STREET ADDRESS	2205 RIVER OAK LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	CD	☐ DELETE
NAME	BROWN, DAVID C. M.D.	
STREET ADDRESS	1195 CALOOSA DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	☐ DELETE
NAME	GREEN, BRUCE D.	
STREET ADDRESS	1247 CANTERBURY DR.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☐ DELETE
NAME	DOSORETZ, DANIEL E. M.D	
STREET ADDRESS	13221 PONDEROSA LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	EVPD	☐ DELETE
NAME	DUVALL, DAVID A.	
STREET ADDRESS	1436 BRANDYWINE CR.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☐ DELETE
NAME	DRAKE, THOMAS G.	
STREET ADDRESS	1204 THIRD STREET EAST	
CITY-ST-ZIP	LEHIGH ACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
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 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: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)