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Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M88813** (4)  
1. Corporation Name  
**P.C.B. BANCORP, INC.**



Principal Place of Business <b>350 E. BAY DRIVE PO BOX 2910 LARGO FL 34649-2910 US</b>	Mailing Address <b>350 E. BAY DRIVE PO BOX 2910 LARGO FL 33779-2910 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33770-2910</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>33770-2910</b>
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3. Date Incorporated or Qualified <b>07/07/1988</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>59-2903656</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TIMOTHY L. LEATHERS  
350 EAST BAY DRIVE  
LARGO 34640**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>AYERS, JAMES T.</b>
STREET ADDRESS	<b>350 E. BAY DR.</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCGEACHY, CLAUDE E.</b>
STREET ADDRESS	<b>350 EAST BAY DR.</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUNNELL, THEODORE R.</b>
STREET ADDRESS	<b>350 E. BAY DR.</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE
NAME	<b>FEASTER, GEORGE E.</b>
STREET ADDRESS	<b>350 E. BAY DR.</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PHILLIPOFF, J. VICTOR</b>
STREET ADDRESS	<b>350 E. BAY DR.</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DIC</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **Timothy L. Leathers** 3-28-97 (813) 585-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

STATE OF FLORIDA

P.C.B. BANCORP, INC.  
1997 ANNUAL REPORT (continued)

1.	2.	3.	4.
<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY AND STATE</u>
D	ALAND, PATRICK J.	350 EAST BAY DRIVE	LARGO, FL
D	BAUER, GEORGE P.	350 EAST BAY DRIVE	LARGO, FL
P/D	CHERVEN, KENNETH P.	350 EAST BAY DRIVE	LARGO, FL
D	GUTHRIE, ROBERT F.	350 EAST BAY DRIVE	LARGO, FL
D	HUNTER III, THOMAS B.	350 EAST BAY DRIVE	LARGO, FL
D	KUHLMAN, JAMES F.	160 POINTE LOOP DRIVE	VENICE, FL
D	STEANS, HARRISON I.	350 EAST BAY DRIVE	LARGO, FL
A/S*	LEATHERS, TIMOTHY L.	350 EAST BAY DRIVE	LARGO, FL

\* = Denotes Assistant Secretary

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