

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 # M92930

1. Corporation Name

FEDERAL TRUST CORPORATION

Principal Place of Business

1270 ORANGE AVENUE
SUITE C
WINTER PARK FL 32789

Mailing Address

1270 ORANGE AVENUE
SUITE C
WINTER PARK FL 32789



3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2935028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

~~WRENN, DONALD R~~
~~1270 ORANGE AVE.~~
~~SUITE C~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name

Aubrey H. Wright, JR

82 Street Address (P.O. Box Number is Not Acceptable)

1211 Orange Avenue

83

84 City

Winter Park

FL

85 Zip Code

32789

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 re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BELL, JAMES T
STREET ADDRESS 1270 ORANGE AVE., SUITE C
CITY-ST-ZIP WINTER PARK FL 32789

TITLE S ☐ DELETE
NAME JONES, CAROLE M
STREET ADDRESS 1270 ORANGE AVE., SUITE C
CITY-ST-ZIP WINTER PARK FL 32789

TITLE AS ☐ DELETE
NAME CONNOLLY, ELIZABETH
STREET ADDRESS 1270 ORANGE AVE., SUITE C
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE
NAME FEILER, EDWIN J
STREET ADDRESS 120 HABERSHAM STREET
CITY-ST-ZIP SAVANNAH GA

TITLE D ☐ DELETE
NAME WEST, FRANCIS T
STREET ADDRESS WEST POINT, S.R. 626 NEAR VISTA POINT
CITY-ST-ZIP PENHOOK VA 24137

TITLE D ☐ DELETE
NAME SUSKIEWICH, JAMES V
STREET ADDRESS 908 RIDGESPRING COURT
CITY-ST-ZIP APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS Conrad, Anne T.
1.4 CITY-ST-ZIP 1900 Highland Drive
Fernandina Beach, FL 32034

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

Carole M. Jones

Carole M. Jones

Date

Daytime Phone #

26/96 407-645552

CR2E034 (12/95)