

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90019 025 ***150.00

DOCUMENT # P07000038814

1. Entity Name

OLD SOUTHERN BANCORP, INC.



Principal Place of Business

250 N. ORANGE AVENUE
ORLANDO FL 32801-1819

Mailing Address

250 N. ORANGE AVENUE
ORLANDO FL 32801-1819



2. Principal Place of Business - No P.O. Box #

250 N. ORANGE AVENUE

3. Mailing Address

250 N. ORANGE AVENUE

Suite, Apt. #, etc.

15th Floor

Suite, Apt. #, etc.

15th Floor

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801-1819

Country

U.S.A.

Zip

32801-1819

Country

U.S.A.

1st MOORE

CR2E034 (10/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SQUIRES, JOHN G
250 N. ORANGE AVENUE
ORLANDO FL 32801-1819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	BINFORD, GREY SQUIRES	<input type="checkbox"/> Delete
STREET ADDRESS	1441 LYNDALE BLVD			
CITY-ST-ZIP	MAITLAND FL 32751			
TITLE	D	NAME	FERRIS, ROBERT T	<input type="checkbox"/> Delete
STREET ADDRESS	1100 SOUTH ORANGE AVENUE, #978			
CITY-ST-ZIP	MAITLAND FL 32751			
TITLE	D	NAME	GRAY, ANTHONY R	<input type="checkbox"/> Delete
STREET ADDRESS	452 SYLVAN DRIVE			
CITY-ST-ZIP	WINTER PARK FL 32789			
TITLE	D	NAME	JANSKY, SANDRA W	<input type="checkbox"/> Delete
STREET ADDRESS	2600 FALLING ACORN CIRCLE			
CITY-ST-ZIP	LAKE MARY FL 32746			
TITLE	D	NAME	SQUIRES, JOHN G	<input type="checkbox"/> Delete
STREET ADDRESS	517 SPRING CLUB DRIVE			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			
TITLE	D	NAME	VESTAL, MICHAEL E	<input type="checkbox"/> Delete
STREET ADDRESS	1690 MYRTLE LAKE HILLS ROAD			
CITY-ST-ZIP	LONGWOOD FL 32750			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	EDWARDS, CRAIG R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8533 NE 13th ST.			
CITY-ST-ZIP	BELLE VUE, WA. 98004			
TITLE	D	NAME	HORTON, DENNIS L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10301 DOWN LAKE VIEW CIRCLE			
CITY-ST-ZIP	WINDERMERE, FL 34786			
TITLE	O	NAME	DICKERSON, SHARYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	250 N. ORANGE AVENUE - 15th Floor			
CITY-ST-ZIP	ORLANDO, FL 32801			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharyn Dickerson SVP/CONTROLLER
SHARYN DICKERSON, SVP/CONTROLLER

4/24/08

352-394-1306

Date

Daytime Phone