FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

201 CENTER ROAD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028758

Principal Place of Business

201 CENTER ROAD

COMMUNITY NATIONAL BANK CORPORATION

| VENICE FL 34292-3528 | | VENICE FL 34292-3528 | | DO NOT WRITE IN THIS | DO NOT WRITE IN THIS SPACE | | |
|---|---|--|--------------------------|---------------------------------|--|---------------|---------------|
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 04/16/1993 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | A | pplied For |
| 21 | | 26 | | 65-0422293 | N _t | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | • | Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee R | equired |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | • | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year In | | □No |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. 10. Name and Address of New Registered | Yes | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Registered | Agent | |
| RAIT | DINGER, ROGER L | | | | | | |
| | CENTER ROAD | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | |
| ., | CE FL 34292-3528 | | 83 | | | | |
| | | | | | | | |
| | | | 84 | City | FL | 85 Zip | Code |
| 11 Pursuant | to the provisions of Sections 607,0502 | 2 and 607.1508. Florida Statutes | the above | le-named | | changing its | s registered |
| 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. | | | | | | | |
| | m tarrillar white and accept the odligat | I de la composição de l | a Statutes | • | 114199 | | |
| SIGNATURE | Signature, typed or printed name of egistered agent | t and title if applicable. (NOTE: R | egistered Ager | nt signature r | equired when reinstating) DATE | | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS AF | | |
| TITLE | TSD | DELETE | 1.1 TITLE | | D/V | ☐ Change | Addition |
| NAME | schuler, L. Edward | · | 1.2 NAME | | ROGER L. BALDINGER | | |
| STREET ADDRESS | 201 CENTER ROAD | | 1.3 STREET | TADDRESS | 201 CENTER RD. | | |
| CITY-ST-ZIP | VENICE FL | | 1.4 CITY-S | T-ZIP | VENICE, FL 34292 | | Addition |
| TITLE | D | DELETE | 2.1 TITLE | | CD | ☐ Change | X Addison |
| NAME | DENNIS, JERRY D. | • | 2.2 NAME | | JOSEPH R. KONDISKO | | |
| STREET ADDRESS | 201 CENTER ROAD | | 2.3 STREET | | 704 ELDORADO PR. | | |
| CITY-ST-ZIP_ | VENICE FL | DELETE | 2. 4 CITY-S 3.1 TITLE | ST-ZIP | VENICE, FL 34285 | Change | Addition |
| TITLE | D Berg, H.R. | A DELETE | 3.2 NAME | | ALLANA M. KONDISKO | | \mathcal{A} |
| NAME | 201 CENTER ROAD | | 1 | T ADDRESS | 704 ELDORADO DR. | | |
| STREET ADDRESS CITY-ST-ZIP | VÉNICE FL | _ | 3.4. CITY-S | | VENICE, FL 34285 | | |
| TITLE | D | DELETE | 4.1 TITLE | ,, | DP | ☐ Change | Addition |
| NAME | GREENWALD, ROBERT J. DVM | • ` ` | 4. 2 NAME | | WILLIAM G. MCKELVEY | | / \ |
| STREET ADDRESS | 201 CENTER ROAD | | 4.3 STREE | T ADDRESS | 7171 SATELLITE DR. | | |
| CITY-ST-ZIP | VENICE FL | | 4.4 CITY-S | T-ZIP | TITUSVILLE, FL 32780 | | (|
| TITLE | D | DELETE | 5.1 TITLE | | DTV | ☐ Change | Addition |
| NAME | FREEMAN, JR. M JOHN A. | <i>i</i> . | 5.2 NAME | | JEANNE W. MCKELVEY | | , |
| STREET ADDRESS | 201 CENTER ROAD | | 5.3 STREE | T ADDRESS | 7171 SATELLITE DR. | | |
| CITY-ST-ZIP | VENICE FL | | 5.4 CITY-S | T-ZIP | TITUSVILLE, FL 32780 | | |
| TITLE | D | DELETE | 6.1 TITLE | | V | Change | ☐ Addition |
| NAME | LOFLIN, CLARENCE E. | • | 6.2 NAME | | L. EDWARD SCHULER | / \ | |
| STREET ADDRESS | 201 CENTER ROAD | • | 6.3 STREE | TADDRESS | 201 CENTER RD | | |

VENICE FL

14. I 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, with an other like empowered.

SIGNATURE:

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90022 018 ***150.00