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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000060959

1. Corporation Name
THE PROSPERITY BANKING COMPANY

Principal Place of Business	Mailing Address
790 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084	POST OFFICE DRAWER 1690 ST. AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994

4. FEI Number: 59-3072393 ☐ 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

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BLACK, RICHARD K.
100 SOUTHPARK BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: EDDIE CREAMER
82 Street Address (P.O. Box Number is Not Acceptable): 790 NORTH PONCE DE LEON BLVD.
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, VERNON D		1.2 NAME		
STREET ADDRESS	2211 OKEECHOBEE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34950		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, RICHARD K.		2.2 NAME		
STREET ADDRESS	100 SOUTHPARK BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSAKIS, JIM G.		3.2 NAME		
STREET ADDRESS	2211 OKEECHOBEE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34950		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	UPCHURCH, HAMILTON D.		4.2 NAME		
STREET ADDRESS	780 N. PONCE DE LEON BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☒ Addition
NAME			5.2 NAME	EDDIE CREAMER	
STREET ADDRESS			5.3 STREET ADDRESS	790 NORTH PONCE DE LEON BLVD.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 all other like empowered.

SIGNATURE: _____ 2-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eddie Creamer