SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 25 AM 8 23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000071176 (9)

1. Corporation Name
C & A BANCSHARES, INC.

Principal Place of Business	Mailing Address
2435 SE DIXIE HWY STUART FL 34995	2435 SE DIXIE HWY STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3824 SE Dixie Hwy	26 PO Box 3000
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart, FL 34997	City & State 28 Stuart, FL 34995
Zip 24 34997 / Country 25	Zip 29 34995 / Country 30

4. FEI Number: 65-0525992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [xx] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

TREADWELL, KENNETH A
500 S AUSTRALIAN AVE
10TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Schlemmer, Jaci
82 Street Address (P.O. Box Number is Not Acceptable): 3824 SE Dixie Hwy.
83
84 City: Stuart, FL 85 Zip Code: 34997

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] Jaci Schlemmer, Sec/Treas 7/19/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change ☐ Addition
NAME	CHRISTENSON, NEILS P	12 NAME	
STREET ADDRESS	2435 SE DIXIE HWY	13 STREET ADDRESS	3824 SE Dixie Hwy.
CITY-ST-ZIP	STUART FL 34995	14 CITY-ST-ZIP	Stuart, FL 34997
TITLE		21 TITLE	D ☐ Change [X] Addition
NAME		22 NAME	Goldberg, Robert L.
STREET ADDRESS		23 STREET ADDRESS	4601 NW 26th Ave.
CITY-ST-ZIP		24 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE		31 TITLE	V ☐ Change [X] Addition
NAME		32 NAME	Krunic, David M.
STREET ADDRESS		33 STREET ADDRESS	1027 SW Spruce St.
CITY-ST-ZIP		34 CITY-ST-ZIP	Palm City, FL 34990
TITLE		41 TITLE	S/T ☐ Change [X] Addition
NAME		42 NAME	Schlemmer, Jaci
STREET ADDRESS		43 STREET ADDRESS	9406 SE Mercury St.
CITY-ST-ZIP		44 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 the 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] Jaci Schlemmer, Sec/Treas 7/19/95 407-287-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0120051 CP