

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 # P94000077992 (3)

1. Corporation Name

GULF WEST BANKS, INC.



Principal Place of Business

425 22ND AVENUE NORTH
ST PETERSBURG FL 33704

Mailing Address

425 22ND AVENUE NORTH
ST PETERSBURG FL 33704

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3276590

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, GORDON W
425 22ND AVENUE NORTH
ST PETERSBURG FL 33704

81 Name

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

83

84 City

FL

85 Zip Code

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 PDC ☐ DELETE

NAME CAMPBELL, GORDON W.
STREET ADDRESS 425 - 22ND AVENUE NORTH
CITY - ST - ZIP ST. PETERSBURG FL

TITLE TS ☐ DELETE

NAME MILLER, BARRY K.
STREET ADDRESS 425 - 22ND AVENUE NORTH
CITY - ST - ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME GALBRAITH, JOHN WM.
STREET ADDRESS 360 CENTRAL AVENUE, #1300
CITY - ST - ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME HARRIS, THOMAS M.
STREET ADDRESS 150 2ND AVENUE NORTH, #1500
CITY - ST - ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME KONCIUS, ALGIS
STREET ADDRESS 5725 DRAGON WAY, SUITE #219
CITY - ST - ZIP CINCINNATI OH

TITLE D ☐ DELETE

NAME ORTIZ, LOUIS P.
STREET ADDRESS 888 EXEC. CENTER DR.W., SUITE 101
CITY - ST - ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

Secretary

Date

Daytime Phone #

1/24/96 (813) 844-5896

CR2E034 (12/95)