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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007513 (1)

1. Corporation Name
VALRICO BANCORP, INC.

Principal Place of Business
**1815 E. STATE ROAD 60
VALRICO FL 33594**

Mailing Address
**1815 E. STATE ROAD 60
VALRICO FL 33594-3623**



3. Date Incorporated or Qualified **01/25/1995** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0553757		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

9. Name and Address of Current Registered Agent

**TRACY, LARRY R
1815 E. STATE ROAD 60
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACY, LARRY R.	1.2 NAME	HOLMBERG, DOUGLAS A.
STREET ADDRESS	712 SAILFISH DR.	1.3 STREET ADDRESS	1321 N. VALRICO ROAD
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	VALRICO, FL 33594
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, JERRY L.	2.2 NAME	WINTER, ANN M.
STREET ADDRESS	1803 DANA COURT	2.3 STREET ADDRESS	2714 McINTOSH ROAD
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	DOVER, FL 33527
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLEAN, JOHN E.	3.2 NAME	HENDERSON, GREGORY L.
STREET ADDRESS	717 N. VALRICO RD.	3.3 STREET ADDRESS	2901 BRUCKEN ROAD
CITY - ST - ZIP	VALRICO FL	3.4 CITY - ST - ZIP	VALRICO, FL 33594
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNINGS, CHARLES E.	4.2 NAME	ENGLISH, H. LEROY
STREET ADDRESS	US HIGHWAY 92	4.3 STREET ADDRESS	3120 N. DOVER ROAD
CITY - ST - ZIP	DOVER FL	4.4 CITY - ST - ZIP	DOVER, FL 33527
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOREIGA, JUSTO	5.2 NAME	AMERSON, LEVAUGHN
STREET ADDRESS	EAST STATE ROAD 60	5.3 STREET ADDRESS	3512 N. YOUNG ROAD
CITY - ST - ZIP	VALRICO FL	5.4 CITY - ST - ZIP	PLANT CITY, FL 33565
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, C. DENNIS	6.2 NAME	
STREET ADDRESS	7414 COMMERCE ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

813-689-1231

Daytime Phone #

CR2E034 (9/96)