

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90134 017 ****150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000013822

1. Corporation Name
MARINE BANK OF THE FLORIDA KEYS

Principal Place of Business
**11290 OVERSEAS HIGHWAY
MARATHON FL 33050
US**

Mailing Address
**11290 OVERSEAS HIGHWAY
MARATHON FL 33050
US**

2. Principal Place of Business

2a. Mailing Address

i Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip

Country

28 Zip

Country

4

25

29

30

9. Name and Address of Current Registered Agent

**DANIELS, W.S.
11290 OVERSEAS HIGHWAY
MARATHON FL 33050**

3. Date Incorporated or Qualified

02/17/1995

4. FEI Number

65-0414448

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, 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 reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE VP C
NAME ALLISON, JOHN W
STREET ADDRESS 3305 PRINCE
CITY-STATE-ZIP CONWAY AR

☐ DELETE

TITLE T
NAME BUCKHEIM, RICHARD A
STREET ADDRESS P.O. BOX 430362 N/A
CITY-STATE-ZIP BIG KEY PINE FL

☐ DELETE

TITLE S
NAME CONLIN, JOHN W
STREET ADDRESS 2557 SOMBRERO BLVD.
CITY-STATE-ZIP MARATHON FL

☐ DELETE

TITLE P
NAME DANIELS, WILLIAM S
STREET ADDRESS 511 AVENIDA PRIMICERIA
CITY-STATE-ZIP MARATHON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

305-743-3030

Daytime Phone #

CR2E034 (11/98)