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Jul 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000023436 (5)

1. Corporation Name  
PILOT BANCSHARES, INC.

Principal Place of Business  
5140 E. FOWLER AVE.  
TAMPA FL 33617

Mailing Address  
5140 E. FOWLER AVE.  
TAMPA FL 33617-2145



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1995		3a. Date of Last Report 08/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3304822		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUFFER, JOHN W III 5140 E. FOWLER AVENUE TAMPA FL 33617				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D	NAME	DEWESEE, WILLIAM O	1.1 TITLE	DIRECTOR	Change	Addition
STREET ADDRESS			5140 E. FOWLER AVE.	1.2 NAME	GOEHRING, ROLAND A		
CITY-ST-ZIP			TAMPA FL 33617	1.3 STREET ADDRESS	5140 E. FOWLER AVE.		
TITLE	D	NAME	KLUFT, GERALD M	1.4 CITY-ST-ZIP	TAMPA, FL 33617		
STREET ADDRESS			5140 E. FOWLER AVE.	2.1 TITLE	DIRECTOR	Change	Addition
CITY-ST-ZIP			TAMPA FL 33617	2.2 NAME	TOMASINO, PAUL		
TITLE	D	NAME	PORTER, CHARLES G	2.3 STREET ADDRESS	5140 E. FOWLER AVE.		
STREET ADDRESS			5140 E. FOWLER AVE.	2.4 CITY-ST-ZIP	TAMPA, FL 33617		
CITY-ST-ZIP			TAMPA FL 33617	3.1 TITLE	DIRECTOR	Change	Addition
TITLE	D	NAME	PUFFER, JOHN W III	3.2 NAME	SMITH, DAVID J.		
STREET ADDRESS			5140 E. FOWLER AVE.	3.3 STREET ADDRESS	5140 E. FOWLER AVE.		
CITY-ST-ZIP			TAMPA FL 33617	3.4 CITY-ST-ZIP	TAMPA, FL 33617		
TITLE	D	NAME	ROSS, ANN M	4.1 TITLE	VICE PRESIDENT	Change	Addition
STREET ADDRESS			5140 E. FOWLER AVE.	4.2 NAME	SMITH, W. EARL		
CITY-ST-ZIP			TAMPA FL 33617	4.3 STREET ADDRESS	5140 E. FOWLER AVE.		
TITLE		NAME		4.4 CITY-ST-ZIP	TAMPA, FL 33617		
STREET ADDRESS				5.1 TITLE		Change	Addition
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		Change	Addition
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E034 (9/96)