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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000023436 (5)**

1. Corporation Name
PILOT BANCSHARES, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/23/1995

4. FEI Number
59-3304822
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
PUFFER, JOHN W III
5140 E. FOWLER AVENUE
TAMPA FL 33617

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☐ Change ☐ Addition
NAME	DEWEESE, WILLIAM O		1.2 NAME	Tomasino, Paul	
STREET ADDRESS	5140 E. FOWLER AVE.		1.3 STREET ADDRESS	5140 E. Fowler Ave	
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE	D	☐ DELETE	2.1 TITLE	Senior Vice President	☐ Change ☑ Addition
NAME	KLUFT, GERALD M		2.2 NAME	Smith, W. Earl	
STREET ADDRESS	5140 E. FOWLER AVE.		2.3 STREET ADDRESS	5140 E. Fowler Ave	
CITY-ST-ZIP	TAMPA FL 33617		2.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, CHARLES G		3.2 NAME		
STREET ADDRESS	5140 E. FOWLER AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PUFFER, JOHN W III		4.2 NAME		
STREET ADDRESS	5140 E. FOWLER AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, ANN M		5.2 NAME		
STREET ADDRESS	5140 E. FOWLER AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOEHRING, ROLAND A		6.2 NAME		
STREET ADDRESS	5140 E FOWLER AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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.

SIGNATURE W. Earl Smith W. Earl Smith Voice (813)885-1738