

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

0393296

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90296 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000023436**

1. Corporation Name  
**PILOT BANCSHARES, INC.**

Principal Place of Business <b>5140 E. FOWLER AVE. TAMPA FL 33617</b>	Mailing Address <b>5140 E. FOWLER AVE. TAMPA FL 33617</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/23/1995</b>		4. FEI Number <b>59-3304822</b>		Applied For <input type="checkbox"/> No Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>PUFFER, JOHN W III 5140 E. FOWLER AVENUE TAMPA FL 33617</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.050 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	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEWEESE, WILLIAM O			1.2 NAME	SMITH, DAVID J		
STREET ADDRESS	5140 E. FOWLER AVE.			1.3 STREET ADDRESS	18305 TOMLINSON DR.		
CITY-STATE-ZIP	TAMPA FL 33617			1.4 CITY-STATE-ZIP	LUTZ, FLORIDA 33549		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLUFT, GERALD M			2.2 NAME	HOULLIS, VICKIE		
STREET ADDRESS	5140 E. FOWLER AVE.			2.3 STREET ADDRESS	17020 PAULA LN		
CITY-STATE-ZIP	TAMPA FL 33617			2.4 CITY-STATE-ZIP	LUTZ, FLORIDA 33549		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, CHARLES G			3.2 NAME			
STREET ADDRESS	5140 E. FOWLER AVE.			3.3 STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL 33617			3.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUFFER, JOHN W III			4.2 NAME			
STREET ADDRESS	5140 E. FOWLER AVE.			4.3 STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL 33617			4.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, ANN M			5.2 NAME			
STREET ADDRESS	5140 E. FOWLER AVE.			5.3 STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL 33617			5.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOEHRING, ROLAND A			6.2 NAME			
STREET ADDRESS	5140 E FOWLER AVE			6.3 STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL			6.4 CITY-STATE-ZIP			

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, with all other like empowered.

**SIGNATURE:**

VICKIE HOULLIS

*Vickie Houllis*

(813) 349-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)