

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000051203**

1. Corporation Name

AMERICAN BANCSHARES, INC.

Principal Place of Business

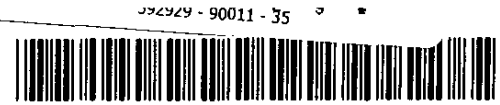
**4702 CORTEZ ROAD WEST
BRADENTON FL**

Mailing Address

**P.O. BOX 14940
BRADENTON FL 34280-4940**

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90011 035 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

65-0624649

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. ☐ Yes ☐ No

2. Principal Place of Business

21 4502 CORTEZ ROAD

Suite, Apt. #, etc.

22

City & State

23

Zip

24 34210

Country

25 MANATEE

2a. Mailing Address

26

Suite, Apt. #, etc.

27 ACCOUNTING

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ANTHONY, GERALD L
4702 CORTEZ ROAD WEST
BRADENTON FL**

10. Name and Address of New Registered Agent

81 Name JERRY L. NEFF

**82 Street Address (P.O. Box Number is Not Acceptable)
4502 CORTEZ ROAD**

83

84 City BRADENTON

FL

**85 Zip Code
34243**

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

JERRY L NEFF, PRESIDENT

7/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **AIDLIN, SAMUEL S**
STREET ADDRESS **5079 VILLAGE GARDENS**
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **PD** ☒ DELETE

NAME **ANTHONY, GERALD L**
STREET ADDRESS **6747-2 AVE. CIR W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ DELETE

NAME **LARSON, RONALD L**
STREET ADDRESS **3001 RIVERVIEW BLVD W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☐ DELETE

NAME **MILLER, TIMOTHY I**
STREET ADDRESS **3203-52 AVE DR W**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **D** ☐ DELETE

NAME **MOLTER, DAN E**
STREET ADDRESS **5306 MANATEE AVE W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ DELETE

NAME **MOUDY, KIRK D**
STREET ADDRESS **3711 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **JERRY L. NEFF**
1.3 STREET ADDRESS **5508 31st COURT EAST**
1.4 CITY-ST-ZIP **ELLENTON, FL 34222**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

2.2 NAME **LYNN B. POWELL, III**
2.3 STREET ADDRESS **553 MAGELLAN DRIVE**
2.4 CITY-ST-ZIP **SARASOTA, FL 34243**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **WALTER L. PRESHA**
3.3 STREET ADDRESS **880 33rd STREET EAST**
3.4 CITY-ST-ZIP **PALMETTO, FL 34221**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME **J. GARY RUSS**
4.3 STREET ADDRESS **10902 RUSS ROAD**
4.4 CITY-ST-ZIP **MYAKKA CITY, FL 34251**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

5.2 NAME **R. JAY TAYLOR**
5.3 STREET ADDRESS **1724 17th STREET WEST**
5.4 CITY-ST-ZIP **PALMETTO, FL 34221**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **EDWARD DEAN WYKE**
6.3 STREET ADDRESS **219 32nd STREET WEST**
6.4 CITY-ST-ZIP **BRADENTON, FL 34205**

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:

S. J. L. NEFF, PRESIDENT

JERRY L NEFF, PRESIDENT

7/9/99

941-795-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)