SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000091593 (0)**

1. Corporation Name
PEOPLES BANK

Principal Place of Business	Mailing Address
32845 US HIGHWAY 19 **PALM HARBOR FL**	**32845 US HIGHWAY 19** **PALM HARBOR FL**

3. Date Incorporated or Qualified: **12/01/1995**
3a. Date of Last Report:

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:

4. FEI Number: **59-3352277** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: David W. Dunbar
82 Street Address (P.O. Box Number is Not Acceptable): 32845 U.S. Highway 19
83: Palm Harbor
84 City: **FL** 85 Zip Code: 34684

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 _____ 6/5/96
Signature, typed or printed name of registered agent and title, if applicable. (FOR Registered Agent signature required when filed separately.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BRANDON, DAVID L		12 NAME		
STREET ADDRESS	681 TOMOKA DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DUNBAR, DAVID W		22 NAME		
STREET ADDRESS	1614 SANTA BARBARA DR		23 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FISHER, FREDERICK E		32 NAME		
STREET ADDRESS	1019 ROYAL TROON CT		33 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KALTENBACH, DONALD F		42 NAME		
STREET ADDRESS	8445 CESSNA DR		43 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KEYS, GLEN L		52 NAME		
STREET ADDRESS	1418 CIRCLE DR		53 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	LATVALA, WOODROW J		62 NAME		
STREET ADDRESS	109 PHILLIPS WAY		63 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/5/96 813-786-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #