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

FILED
May 12 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1995

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

6. 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRANDON, DAVID L		1.2 NAME		
STREET ADDRESS	681 TOMOKA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNBAR, DAVID W		2.2 NAME		
STREET ADDRESS	1614 SANTA BARBARA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, FREDERICK E		3.2 NAME		
STREET ADDRESS	1019 ROYAL TROON CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KALTENBACH, DONALD F		4.2 NAME		
STREET ADDRESS	8445 CESSNA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEYS, GLEN L		5.2 NAME		
STREET ADDRESS	1418 CIRCLE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LATVALA, WOODROW J		6.2 NAME		
STREET ADDRESS	109 PHILLIPS WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		6.4 CITY-ST-ZIP		

5/11

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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: _____ 4/28/98

CR2E034 (10/97)