

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 29 1999 8:00 am
Secretary of State

DOCUMENT # P95000091593

1. Corporation Name
PEOPLES BANK

Principal Place of Business
32845 US HIGHWAY 19
PALM HARBOR FL

Mailing Address
32845 US HIGHWAY 19
PALM HARBOR FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1995

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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 607.1506, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BRANDON, DAVID L
681 TOMOKA DRIVE
PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
DUNBAR, DAVID W
1614 SANTA BARBARA DR
DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
FISHER, FREDERICK E
1019 ROYAL TROON CT
TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
KALTENBACH, DONALD F
8445 CESSNA DR
NEW PORT RICHEY FL 34654

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
KEYS, GLEN L
1418 CIRCLE DR
TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LATVALA, WOODROW J
109 PHILLIPS WAY
PALM HARBOR FL 34683

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
Vice President/Pinellas Banking Manager
Kimball Stadler
3045 Oak Hill Rd.
Clearwater FL 33759

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
Vice President/Pasco loan officer
Gene E. Oberreder
8605 Wagons Wheel Lane
Hudson FL 34467

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
Mortgage loan officer
Tracy W. Golden
1000 Chatham Way
Palm Harbor, FL 34683

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

727-786-1667

4/30/99
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