

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093432 (9)

1. Corporation Name

FABP BANCSHARES, INC.



Principal Place of Business

Mailing Address

33 WEST GARDEN STREET
PENSACOLA FL 32501

33 WEST GARDEN STREET
PENSACOLA FL 32501

2. Principal Place of Business

21 N/A

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 N/A

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3360776

☒ 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

CARTER, THOMAS B
33 WEST GARDEN STREET
PENSACOLA FL 32501

81 Name

N/A

82 Street Address (P.O. Box number, if not applicable)

000001835530

05/22/96-01110-060

83 ***200.00

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: N/A

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	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, THOMAS B	
STREET ADDRESS	2880 CAWDOR COURT	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURNEY, MATTHEW W	
STREET ADDRESS	1310 ARIOLA DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, H. EUGENE	
STREET ADDRESS	POST OFFICE BOX 8067	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, HAROLD R	
STREET ADDRESS	2100 BANQUOS TRAIL	
CITY - ST - ZIP	PENSACOLA FL 32503-5802	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALPIN, RICHARD R	
STREET ADDRESS	1198 GULF BREEZE PARKWAY	
CITY - ST - ZIP	GULF BREEZE FL 32561-4850	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, H. CARY	
STREET ADDRESS	4691 SCENIC COURT	
CITY - ST - ZIP	PENSACOLA FL 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rankin, William	
1.3 STREET ADDRESS	400 East Government Street	
1.4 CITY - ST - ZIP	Pensacola FL 32501-6132	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Russenberger, Ray D.	
2.3 STREET ADDRESS	40 S Palafox Street	
2.4 CITY - ST - ZIP	Pensacola FL 32501	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smart, William D.	
3.3 STREET ADDRESS	3901 West Madura Road	
3.4 CITY - ST - ZIP	Gulf Breeze FL 32561	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adams, Dennis G.	
4.3 STREET ADDRESS	5640 Balsam Street	
4.4 CITY - ST - ZIP	Milton FL 32583	
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carter, Thomas B	
5.3 STREET ADDRESS	2660 Cawdor Court	
5.4 CITY - ST - ZIP	Pensacola FL 32503	
6.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McCoy, H. Cary	
6.3 STREET ADDRESS	4691 Scenic Court	
6.4 CITY - ST - ZIP	Pensacola FL 32504	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis G. Adams* Treasurer

4-8-96

478-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)