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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
33 WEST GARDEN STREET
PENSACOLA FL 32501

Mailing Address
33 WEST GARDEN STREET
PENSACOLA FL 32501-5615



2. Principal Place of Business
21 33 West Garden Street
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 Pensacola, FL

27 City & State

24 Zip Country
32501 USA

29 Zip Country
30

3. Date Incorporated or Qualified
12/07/1995

3a. Date of Last Report
05/01/1996

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

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

Signature type: The printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	RANKIN, WILLIAM	
STREET ADDRESS	400 EAST GOVERNMENT	
CITY - ST - ZIP	PENSACOLA FL 32503-6132	
TITLE	D	DELETE
NAME	DURNEY, MATTHEW W	
STREET ADDRESS	1310 ARIOLA DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32561	
TITLE	D	DELETE
NAME	GRAVES, H. EUGENE	
STREET ADDRESS	POST OFFICE BOX 8067	
CITY - ST - ZIP	PENSACOLA FL 32505	
TITLE	D	DELETE
NAME	HUDSON, HAROLD R	
STREET ADDRESS	2100 BANQUOS TRAIL	
CITY - ST - ZIP	PENSACOLA FL 32503-5802	
TITLE	PD	DELETE
NAME	CARTER, THOMAS B	
STREET ADDRESS	2860 CAWDOR COURT	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE	SD	DELETE
NAME	MCCOY, H. CARY	
STREET ADDRESS	4891 SCENIC COURT	
CITY - ST - ZIP	PENSACOLA FL 32504	

1.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	William D. Smart		
1.3 STREET ADDRESS	3901 West Madura Road		
1.4 CITY - ST - ZIP	Gulf Breeze, FL 32561		
2.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Richard R. McAlpin		
2.3 STREET ADDRESS	1198 Gulf Breeze Parkway		
2.4 CITY - ST - ZIP	Gulf Breeze, FL 32561-4850		
3.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Ray D. Russenberger		
3.3 STREET ADDRESS	Port Royal Way No. 10		
3.4 CITY - ST - ZIP	Pensacola, FL 32501		
4.1 TITLE		Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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:

Robert B. Sams, Group V.P. & CFO 4-29-97 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 857-0877

CR2E034 (9/96)