

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

FILED
Jan 16 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 # P96000084900 (5)

1. Corporation Name

PREMIER COMMUNITY BANK



Principal Place of Business

Mailing Address

160 POINTE LOOP ROAD
VENICE FL 34293
US

P O BOX 3970
VENICE FL 34293
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

65-0656762

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 160 Pointe Loop Drive

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME BALDWIN, JON B
STREET ADDRESS 570 GULF BLVD. #10
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE DC
NAME CHERVEN, KENNETH P
STREET ADDRESS 7922 IVYWOOD RD
CITY-ST-ZIP LARGO FL

TITLE D
NAME DIGNAM, DAVID M
STREET ADDRESS 1201 S MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE DP
NAME KUHLMAN, JAMES F
STREET ADDRESS 408 HILLCREST DRIVE NW
CITY-ST-ZIP BRADENTON FL

TITLE D
NAME RILEY, TERRENCE R
STREET ADDRESS 344 DOLPHIN SHORES CIR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D
NAME SMITH, DOUGLAS W
STREET ADDRESS 1444 LEMON BAY DR
CITY-ST-ZIP ENGLEWOOD FL 34223

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE D
1.2 NAME Pickhardt, George D.
1.3 STREET ADDRESS 413 Huntridge Dr.
1.4 CITY-ST-ZIP Venice, FL 34292

2.1 TITLE D
2.2 NAME Steans, Harrison I
2.3 STREET ADDRESS 6470 Manasota Key Rd.
2.4 CITY-ST-ZIP Englewood, FL 34223

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

Linda A. Miller

CR2E034 (10/97)