

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90215 026 ***150.00

DOCUMENT # P96000103238

1. Corporation Name
FTBA MUTUAL, INC.

Principal Place of Business
2650 APLACHEE PARKWAY
TALLAHASSEE FL 32301

Mailing Address
2650 APLACHEE PARKWAY
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

59-2445255

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

TREASURER AND INSURANCE COMMISSIONER OF FL
THE CAPITAL BUILDING
TALLAHASSEE FL 32399

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 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 CD ☐ DELETE

NAME ELSBERRY, WILLARD R
STREET ADDRESS 4733 BURGANDY PLACE
CITY-STATE-ZIP LAKELAND FL 33801

11 TITLE D ☐ Change ☒ Addition

12 NAME LOMBARDOZZI, MICHAEL E
13 STREET ADDRESS 100 CAMPUS DRIVE
14 CITY-STATE-ZIP FLORHAM PARK NJ 07932

TITLE D ☒ DELETE

NAME JENSEN, LUCY B
STREET ADDRESS 6740 EPPING FOREST
CITY-STATE-ZIP JACKSONVILLE FL 32217

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME BURLESON, ROBERT G
STREET ADDRESS 1260 LIVE OAK PLANTATION ROAD
CITY-STATE-ZIP TALLAHASSEE FL 32312

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME WOLFE, LARRY
STREET ADDRESS 200-A JOHN KNOX RD
CITY-STATE-ZIP TALLAHASSEE FL 32303

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME ROBERTS, CHARLES W III
STREET ADDRESS 15647 HALES PLACE
CITY-STATE-ZIP TALLAHASSEE FL 32301

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE PD ☐ DELETE

NAME NYE, DENNIS E
STREET ADDRESS 5503 TOURAINE DRIVE
CITY-STATE-ZIP TALLAHASSEE FL 32308

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a I other like empowered.

SIGNATURE:

DENNIS E. NYE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

(850)656-7867

Date

Daytime Phone #

CR2E034 (11/98)