

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

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000027022 (7)
1. Corporation Name
OCEANSIDE BANK



Principal Place of Business 1315 SOUTH THIRD STREET JACKSONVILLE BEACH FL	Mailing Address 1315 SOUTH THIRD STREET JACKSONVILLE BEACH FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2232148	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVONE, FRANK J	1.2 NAME	
STREET ADDRESS	674 JACKSONVILLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, P, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, BARRY W	2.2 NAME	
STREET ADDRESS	1022 SEAWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBERLY, JIMMY D	3.2 NAME	
STREET ADDRESS	108 GREENWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVILLE GA 30427	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ROBERT W JR	4.2 NAME	David L. Young
STREET ADDRESS	2440 MAYPORT ROAD	4.3 STREET ADDRESS	1315 South Third Street
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	4.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D, C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLISSON, DONALD F JR	5.2 NAME	M. Michael Witherspoon
STREET ADDRESS	13535 BEACH BLVD	5.3 STREET ADDRESS	1315 South Third Street
CITY-ST-ZIP	JACKSONVILLE FL 32248	5.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, WILLIARD B JR	6.2 NAME	
STREET ADDRESS	699 BEACH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	6.4 CITY-ST-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.

CR2E034 (10/97)