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Apr 28 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027022

1. Corporation Name
OCEANSIDE BANK

[redacted]

Principal Place of Business	Mailing Address
1315 SOUTH THIRD STREET JACKSONVILLE BEACH FL	1315 SOUTH THIRD STREET JACKSONVILLE BEACH FL

4/28/99 900241005 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number
58-2232148
☐ 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

9. Name and Address of Current Registered Agent

Not required

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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CERVONE, FRANK J		12 NAME		
STREET ADDRESS	474 JACKSONVILLE DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		14 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, BARRY W		22 NAME		
STREET ADDRESS	1022 SEAWOOD DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DUBBERLY, JIMMY D		32 NAME		
STREET ADDRESS	108 GREENWOOD DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	GLENNVILLE GA 30427		34 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DAVID L		42 NAME		
STREET ADDRESS	1315 SOUTH THIRD ST		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		44 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WITHERSPOON, M M		52 NAME		LS
STREET ADDRESS	1315 S THIRD ST		53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32250		54 CITY-ST-ZIP		
TITLE	D	☒ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME	NICHOLSON, WILLIARD B JR		62 NAME	WILLIAMS, CONRAD L.	
STREET ADDRESS	699 BEACH AVENUE		63 STREET ADDRESS	314 12TH STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		64 CITY-ST-ZIP	ATLANTIC BEACH FL 32233	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: D. L. Williams DAVID L. WILLIAMS SVP/CFO 4-26-99 (904)247-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #