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FILED

Mar 10 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 # P97000028897 (1)

1. Corporation Name

RIVERSIDE GULF COAST BANKING COMPANY

Principal Place of Business

2211 OKEECHOBEE RD
FT PIERCE FL 34950

Mailing Address

2211 OKEECHOBEE RD
FT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

65-0713029

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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SMITH, VERNON D
3150 N A-1-A
501-N
FT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name

Brown, G. Matthew

82 Street Address (P.O. Box Number is Not Acceptable)

3909 SE 19th Avenue

83

84 City

Cape Coral

FL

85 Zip Code

33904

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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SMITH, VERNON D
CITY-ST-ZIP 3150 N A1A #501N
FT PIERCE FL 34949

TITLE ☐ DELETE

NAME D
STREET ADDRESS TABOR, ELMER W
CITY-ST-ZIP 1919 SE 35 ST
CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME D
STREET ADDRESS DUFFALA, DENNIS C
CITY-ST-ZIP 3534 SE 19TH AVE
CAPE CORAL FL 33904

TITLE ☐ DELETE

NAME D
STREET ADDRESS DOYLE, DONNA J
CITY-ST-ZIP 1362 MELALEUCA LN
FT MYERS FL 33901

TITLE ☒ DELETE

NAME D
STREET ADDRESS TOLLES, DENNIS T
CITY-ST-ZIP 614 SE 24TH ST
CAPE CORAL FL 33990

TITLE ☐ DELETE

NAME D
STREET ADDRESS BECKWITH, SAMIRA K
CITY-ST-ZIP 15010 PUNTA RASSA RD #401
FT MYERS FL 33908

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D
1.3 STREET ADDRESS Giles, Thomas H.
1.4 CITY-ST-ZIP 3532 SE 17th Place
Cape Coral, FL 33904

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
2.3 STREET ADDRESS Brown, Edgar A
2.4 CITY-ST-ZIP 13939 Indrio Road
Fort Pierce, FL 34945

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D
3.3 STREET ADDRESS Russakis, Jim G.
3.4 CITY-ST-ZIP 8801 Indrio Road
Fort Pierce, FL 34951

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D
4.3 STREET ADDRESS Brown, Matthew
4.4 CITY-ST-ZIP 3909 SE 19th Avenue
Cape Coral, FL 33904

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

G. Matthew Brown

1/25/98

94-573-900

CP2E034 (10/97)