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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Feb 16 1998 8:00am Secretary of State

1. Corporatio	or readily	0042786 (8)			
Rivers	SIDE BANK OF THE GULF (	COAST			
Principal Plac	e of Business	Mailing Address			
1 '	. PRADO BLVD.	521 S.E. DEL PRADO E	H VA		
CAPE CORAL		CAPE CORAL FL			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/14/1997	
2. Principal Place of Business		26. Mailing Address		4. FEI Number Applied For	
21		26		65-0794645 Not Applica	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	
22		[27]		Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	28 Zp	Country	Trust Fund Contribution	
24 24	25	[29]	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<u> </u>	9. Name and Address of Currer	4. 11	1201	10. Name and Address of New Registered Agent	
SM	IITH, VERNON D		B1 Name	Zama G Malliana	
	50 NORTH A-1-A		82 Street Add	Srown, G. Mathrw  Jess (P.O. Box Nurgber is Not Acceptable)	
i e	1-N		2909	9 SE 19th Avenue	
FO	RT PIERCE FL 34949		83		
•			B4 Citx	85 Zip Code	
			-1 $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$	ターじんでなす FLII3スタから	
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	i2 and 607.1508, Florida Stati -of Florida-Such change was	utes, the above-named constants authorized by the corpora	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	
agjent l	all familiar Alb, and accept the oblig				
SIGNATURE	Signature, type Lor peniled reason of respect test agri	- G.MA++PE	DIE Registered Agent signature requi	(Izert when reinstation)	
12,	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE 1>	> _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
NAME	SMITH, VERNON D		1.2 NAME B	brown Edgar A. 13939 Indrio Road	
STREET ADDRESS	3150 N. A1A #501N		1.3 STREET ADDRESS 12		
CITY-ST-ZIP	FORT PIERCE FL 34949			ort, Pierce FL 34945	
TITLE	D	DELETE.	2.1 TOTLE	Russakis, Jim G. Change Maddi	
NAME	TABOR, ELMER W		2.2 NAME	801 Indrio Road	
STREET ADDRESS	1919 S.E. 35TH STREET CAPE CORAL FL 33904		سترأ	. ~ ` 1 ~ 1 ~ - 1	
CITY-ST-ZIP TITLE	D CAPE COHAL FL 33904	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	ort Pierce, FL 34981 Change DAddin	
NAME	GILES, THOMAS H	[ D.C. 10	10	rown, G. Matthew	
STREET ADORESS	3532 S.E. 17TH PLACE			agg se 19th Avenue	
CITY-ST-ZIP	CAPE CORAL FL 33904		34. CITY-ST-ZIP	are Corn. FL 33964	
TITLE	D	DELETE	4.1 TITLE	Change Addit	
NAME	DUFFALA, DENNIS C		4.2 NAME		
STREET ADDRESS	3534 S.E. 19TH AVENUE		4 3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addi	
NAME	DOYLE, DONNA J		5.2 NAME		
STREET ADDRESS	1362 MELALEUCA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901	DELETE	5.4 CITY - ST - ZIP	Change Addit	
TOTLE	D TOLLES DEMAIS T	M OFFER	6.1 TITLE	E cualific E Month	
NAME	TOLLES, DENNIS T 614 SE 24TH STREET		6.2 NAME		
STREET ADORESS	CAPE CORAL FL 33990		6 3 STREET ADDRESS		
CffY-ST-ZIP	cerbfy that the information supplied w	oth 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 suppliementa	d annual report is true and a	curate and that my signatu	ure 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 frustee 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