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1998 MAR -9 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morphem, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083009 (5)
1. Corporation Name
THE COMMERCIAL BANK OF VOLUSIA COUNTY

Principal Place of Business 258 NORTH NOVA ROAD ORMOND BEACH FL	Mailing Address 258 NORTH NOVA ROAD ORMOND BEACH FL
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/25/1997 4. FEI Number 59-345153 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Name and Address of Current Registered Agent Tolson & Dougherty P.A. 1501 Park Ave, E 1st Tallahassee, FL 32301	9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 Sandra B. Morphem, Secretary, TOLSON & DOUGHERTY P.A. 3/9/98
Signature typed or printed (not required if typed or printed) (City, 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	PEACOCK, JAMES R	1.2 NAME	600002451726--4
STREET ADDRESS	4895 S ATLANTIC AVE	1.3 STREET ADDRESS	-03/10/98--01023--015
CITY-ST-ZIP	PONCE INLET FL 32127	1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, LARRY A	2.2 NAME	
STREET ADDRESS	235 RIVER VILLAGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIKES, CHRISTOPHER L	3.2 NAME	
STREET ADDRESS	288 E NEW YORK	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GARY G	4.2 NAME	
STREET ADDRESS	108 OAK LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, THOMAS R	5.2 NAME	
STREET ADDRESS	825 PINE TREE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32174	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, CLARENCE W	6.2 NAME	
STREET ADDRESS	9 CIRCLE OAKS TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	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 checked, or on an attachment with an address.

SIGNATURE Sandra B. Morphem 3-17-98 (404) 671-7100

CR2E034 (10/97)