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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089093 (3)

FLORIDA BANK HOLDINGS, INC.

Mailwa Addross

FILED Mar 16 1998 8:00am Secretary of State



riliciparriaci	e of Business	Maning Address						-		
C/O SMITH. GAMBRELL & RUSSELL. LLP 1230 PEACHTREE STREET NE SUITE 3100 ATLANTA GA 30309		C/O SMITH. GAMBRELL & RUSSELL. LLP 1230 PEACHTREE STREET NE SUITE 3100 ATLANTA GA 30309				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						,	or Quantied			
9 Principal D	lace of Business	2a. Mailing Address				10/15/1997 4. FEI Number				Applied For
219755		26 9755 DO	O tal na	~1 I	30ac	58-2-3	457=	2		Applied For Not Applicable
Suite, Apl.	S. SEPERITOR . I I I I I I I I I I I I I I I I I I	26 9755 Dog Surte, Apt. #, etc.	7 MIX	<u> </u>	xxx]	اب م در	<u> </u>			Additional
22 Suite 310 27 Suite 310						5. Certificate of Statu	s Desired	XI.		Regulred
City & State City & State						6. Election Campaign	Einonoina			O May Be
23 ROS	28 ROSWell	ell GA			Trust Fund Contrib		П		d to Fees	
Zip Country Zip Cour						8. This corporation ov		id the cur		
24 30075 25 USA 29 30075 30 1				SA.		Personal Property				IX No
	9. Name and Address of Current					10. Name and Address	s of New Re	gistered /	Agent	1
CT	CORPORATION SYSTEM		B1	Name						
1200 SOUTH PINE ISLAND ROAD					Addres	is (P.O. Box Number is	Not Acceptat			
PLANTATION FL 33324					Audiba	is (F.O. DOX NUMBER IS	NO Acceptat	na)		
			83			*	· · · · · · · · · · · · · · · · · · ·			
			84	City					loc I 70	p Code
			"	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508, Florida Statutes	the abov	re-named	corpor	ation submits this state	ment for the p	surpose of	changing	Its registered
office or r agent. La	registered agent, or bolh, in the State o im familiar with, and accept the obligati	f Florida. Such change was au ions of, Section 607.0505, Flori	thorized b da Statule	y the cor is.	poration	n's board of directors. I	hereby accer	of the appo	ointment a	is registered
SIGNATURE	, ,									
SIGNATORE	Signature, typed or preved name of registered agost	and title if applicable (NOTE)	Flugislared Ag	ent signature	e required	when reinstating)		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANG	ES TO OFFIC	ERS AND		
TITLE		☐ DELFTE	1.1 TOTLE		P		_		Change	Addition
NAME			1.2 NAME			irlie Hughe		45 Pl	~~~	, i
STREET ADDRESS			1.3 STREE	T ADDRESS	360	70 Cathear				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	Jac	Ksonville	FL 3	3221		<u> </u>
TITLE		DELETE	2.1 TITLE		C				Change	: [_/]\Addition
NAME			2.2 NAME		M.	G. Sanche				
STREET ADDRESS			2.3 STREE	t address	aa	.00 Bay Dri	ve			
CITY-SI-ZIP			2. 4 CITY	ST-ZIP	Pon	npand Beac	in FL	3	306	<u> </u>
TITLE		DELETE	3.1 TITLE		S				Change	Addition
NAME			3.2 NAME		Nar	ney Latox	_	*	_	
STREET ADDRESS			3.3 STREE	T ADDRESS	504	12 Vernon		Dr. ve	_	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Du	nwoody G	A 30	338		
TITLE		DELETE	4.1 TITLE		V.	C. '	_		Change	Addition
NAME			4. 2 NAME			Stephen	John	150m	,	
STREET ADDRESS			4.3 STREE	T ADDRESS	3	D Bray Wa		rase		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CiTY-	ST-ZIP		SWELL G	300	>1b		
TITLE		☐ DELETE	5.1 TITLE		' '				Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS						
CHY-S1-ZIP			5.4 CITY -	ST-ZIP	ļ					
TITLE		☐ DELETE	6.1 TITLE						Change	Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP			6 4 CITY-		<u></u>					
14 Lhereby c	certify that the information supplied with	this filing does not qualify for	the exemi	otion state	ed in Se	ection 119.07(3)(i), Flori-	da Statutes. I	further ce	rtify that th	ne information

The results of the sum of the composition of the composition of the exemption states in Section 119.07(3)(i), Fronca Statutes, Fruriner certify that the information indicated on this arrival report or supplemental annual report is free 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 of 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.

SIGNATURE:

Noma

Elica France

3-9-98

CR2E034 (10/97)