

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

0020

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90007 025 ***150.00

DOCUMENT # P97000089093

1. Corporation Name
FLORIDA BANKS, INC.

Principal Place of Business

9755 DOGWOOD ROAD
SUITE 310
ROSWELL GA 30075
US

Mailing Address

9755 DOGWOOD ROAD
SUITE 310
ROSWELL GA 30075
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

58-2364573

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

2. Principal Place of Business

21 5210 Belfort Rd.

Suite, Apt. #, etc.

22 Concourse II, Suite 310

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 P.O. Box 551430

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32255

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	HUGHES, CHARLIE	
STREET ADDRESS	3690 CATHEDRAL OAKS PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SANCHEZ, M.G.	
STREET ADDRESS	2200 BAY DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	XS D	<input type="checkbox"/> DELETE
NAME	LAFAY, NANCY	
STREET ADDRESS	5042 VERNON OAKS DRIVE	
CITY-ST-ZIP	DUNWOODY GA 30338	
TITLE	XD D	<input type="checkbox"/> DELETE
NAME	JOHNSON, T. STEPHEN	
STREET ADDRESS	320 BRAYWARD CHASE	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	T. EDWIN STINSON, JR.	
STREET ADDRESS	12964 HUNTLEY MANOR DR.	Addition <input checked="" type="checkbox"/>
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLAY M. BIDDINGER	
1.3 STREET ADDRESS	2841 COBBLESTONE DRIVE	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUCE CULPEPPER	
2.3 STREET ADDRESS	1117 CARRIAGE ROAD	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. MALCOLM JONES	
3.3 STREET ADDRESS	3065 FRONT ROAD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	W. ANDREW KRUSEN, JR.	
4.3 STREET ADDRESS	3415 W. MORRISON AVE.	
4.4 CITY-ST-ZIP	TAMPA, FL 33609	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILFORD C. LYON, JR.	
5.3 STREET ADDRESS	6730 EPPING FOREST WAY N., VILLA 101	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID MCINTOSH	
6.3 STREET ADDRESS	7932 FLAGLER COURT SOUTH	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	

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:

SIGNATURE RE: EDWIN STINSON, JR.

April 23, 1999 (904)332-7772

Date

Daytime Phone #

CR2E034 (11/98)