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Apr 23 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000058754**

1. Corporation Name
OLD FLORIDA BANK

Principal Place of Business	Mailing Address
6900-17 DANIELS PARKWAY FORT MYERS FL	6900-17 DANIELS PARKWAY FORT MYERS FL

04/23/99 90149 031 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6321 DANIELS PARKWAY Suite, Apt. #, etc. 22 City & State 23 FORT MYERS, FL. Zip / Country 24 33912 25 USA	2a. Mailing Address 26 PO BOX 61279 Suite, Apt. #, etc. 27 City & State 28 FORT MYERS, FL Zip / Country 29 339016279 30 USA

3. Date Incorporated or Qualified
06/30/1998

4. FEI Number
65-0802103
☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: N.J. PANICARO
82 Street Address (P.O. Box Number is Not Acceptable): 2924 SW 3RD PLACE
83
84 City: CAPE CORAL FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: N.J. PANICARO DATE: 4/20/99
Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/PRES	☐ Change ☒ Addition
NAME	BUNDSCHU, CHARLES C III		1.2 NAME	LARRY W. JOHNSON	
STREET ADDRESS	15301 ORANGE RIVER RD		1.3 STREET ADDRESS	12611 Allendale Circle	
CITY-ST-ZIP	FORT MYERS FL 33905		1.4 CITY-ST-ZIP	FT. Myers, FL 33912	
TITLE	D	☐ DELETE	2.1 TITLE	EVP	☐ Change ☒ Addition
NAME	FAY, GORDON H		2.2 NAME	N.J. PANICARO	
STREET ADDRESS	16904 TIMBERLAKE DR		2.3 STREET ADDRESS	2924 SW 3RD PLACE	
CITY-ST-ZIP	FORT MYERS FL 33908		2.4 CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GALEANA, FRANK		3.2 NAME		
STREET ADDRESS	13323 ROSEWOOD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HURST, ELMO J		4.2 NAME		
STREET ADDRESS	27281 IBIS COVE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	D'JAMOOS, JOSEPH E		5.2 NAME		
STREET ADDRESS	13356 ROSEWOOD LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, KARL L		6.2 NAME		
STREET ADDRESS	2141 W LAKEVIEW BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL 33903		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: N.J. PANICARO 4/20/99 941-415-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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