

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90020 016 ***150.00

DOCUMENT # P98000077102

1. Corporation Name

PEOPLES COMMUNITY BANCSHARES, INC.

Principal Place of Business
1290 N. PALM AVE., STE. 115
SARASOTA FL 34236

Mailing Address
1290 N. PALM AVE., STE. 115
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

65-0883406

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 1290 N. Palm

Suite, Apt. #, etc.

22 Suite 108

City & State

23 Sarasota, FL

Zip

24 34236

Country

2a. Mailing Address

26 1290 N. Palm

Suite, Apt. #, etc.

27 Suite 108

City & State

28 Sarasota, FL

Zip

29 34236

Country

30

9. Name and Address of Current Registered Agent

IGLER DOUGHERTY, P.A.
1501 PARK AVE. E.
TALLAHASSEE FL 32301

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 D ☐ DELETE

NAME MCCURRY, NEIL D JR

STREET ADDRESS 1651 FLOYD ST.

CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☐ DELETE

NAME LIEBAL, STEVE E

STREET ADDRESS 7158 CAPTAIN KIDD

CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☐ DELETE

NAME SOPER, CRAIG A

STREET ADDRESS 4431 GALWAY DR.

CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE

NAME BEAUCHAMP, BRIAN W

STREET ADDRESS 3717 71ST TERR.

CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ DELETE

NAME BEAUCHAMP, WILLIAM J JR

STREET ADDRESS 7368 PALOMINO TERR.

CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☒ DELETE

NAME BAY, H. EUGENE

STREET ADDRESS 215 32ND ST. W.

CITY-ST-ZIP BRADENTON FL 34205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED
Neil D. McCurry, Jr

4/7/99

941-330-9498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0479933