04271999-90157-048-$150.00-$150.00

**FILED**
**Apr 27, 1999 8:00 am**
**Secretary of State**
04-27-1999 90157 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # P98000090632

1. Corporation Name
ATLANTIC BANCGROUP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1315 S. THIRD ST.<br>JACKSONVILLE BEACH FL 32250 | 1315 S. THIRD ST.<br>JACKSONVILLE BEACH FL 32250 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified
10/23/1998

4. FEI Number
59-3543956
☐ 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

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 _____ DATE
Signature, typed 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 | S/T ☐ Change ☒ Addition |
| NAME | CERVONE, FRANK J | 1.2 NAME | DAVID L. YOUNG |
| STREET ADDRESS | 91 NINA LN. | 1.3 STREET ADDRESS | 1365 PINEWOOD ROAD |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | 1.4 CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CHANDLER, BARRY W | 2.2 NAME | |
| STREET ADDRESS | 1022 SEAWOOD DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | 2.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | DUBBERLY, JIMMY D | 3.2 NAME | |
| STREET ADDRESS | 108 GREENWOOD DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GLENNVILLE GA 30427 | 3.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GLISSON, DONALD F JR | 4.2 NAME | |
| STREET ADDRESS | 2195 OSPREY POINT DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | 4.4 CITY-ST-ZIP | |
| TITLE | D ☒ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | NICHOLSON, WILLARD B JR | 5.2 NAME | |
| STREET ADDRESS | 699 BEACH AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | 5.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHEIDERMAN, ROBIN | 6.2 NAME | |
| STREET ADDRESS | 3419 LANDS END DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32095 | 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:** D. [illegible] Sec/Treas DAVID L YOUNG 4-26-99 (904)247-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #