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Mar 04 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P98000107008

1. Corporation Name
FIRST PEOPLES BANK

Principal Place of Business: 1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL
Mailing Address: 1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL



03/04/99 90240 049 158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0824842		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input checked="" type="checkbox"/>			
City & State		City & State		8. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Zip		9. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30			

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIRST PEOPLES BANK 1301 SE Port St. Lucie Blvd. Port St. Lucie, FL 34952				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUTIN, JAMES L	12 NAME	SCHWEIGER, ROBERT L.
STREET ADDRESS	1700 HILLMOOR DR STE 501	13 STREET ADDRESS	9752 SE Santa Monica Drive
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	14 CITY-ST-ZIP	Palm City, FL 34990
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, JOHN	22 NAME	SEELEY, ROBERT L.
STREET ADDRESS	1911 SW CRANE CREEK AVE	23 STREET ADDRESS	1100 S. Federal Highway
CITY-ST-ZIP	PALM CITY FL 34990	24 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	C / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, GARY A	32 NAME	Berger, Gary A.
STREET ADDRESS	111 ORANGE AVE	33 STREET ADDRESS	111 Orange Ave., #300
CITY-ST-ZIP	FT. PIERCE FL 34950	34 CITY-ST-ZIP	Port Pierce, FL 34950
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	D / P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUOZZO, DONALD J	42 NAME	Skiles, David W.
STREET ADDRESS	49 FLAGLER AVE STE 302	43 STREET ADDRESS	1301 SE Port St Lucie Blvd.
CITY-ST-ZIP	STUART FL 34994	44 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECKER, ANN L	52 NAME	Warner, Thomas E.
STREET ADDRESS	250 NW COUNTRY CLUB DR	53 STREET ADDRESS	1100 S. Federal Highway
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	54 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRET, PAUL J	62 NAME	Zinter, Paul A.
STREET ADDRESS	757 SE HIDDEN RIVER DR	63 STREET ADDRESS	2014 SE Port St. Lucie Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	64 CITY-ST-ZIP	Port St. Lucie, FL 34952

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.07(3)(b) 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 as an attachment with an address which is other like empowered.

SIGNATURE: *David W. Skiles* DAVID W. SKILES, President/Director 2/22/99 861-398-1388

CR2E034 (11/98)

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