

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S00614** (5)
1. Corporation Name
SOUTH FLORIDA BANK HOLDING CORPORATION



Principal Place of Business 2017 MCGREGOR BLVD. FT. MYERS FL 33901	Mailing Address 2017 MCGREGOR BLVD. FT. MYERS FL 33901-3409
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/14/1990		3a. Date of Last Report 01/22/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0221393		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent VALENTI, WILLIAM P 2017 MCGREGOR BLVD. FT. MYERS FL 33901				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 **1/31/97**
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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADKINS, ROBERT C.			1.2 NAME			
STREET ADDRESS	3944 W. RIVERSIDE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNDSCHU, CHARLES C, III			2.2 NAME			
STREET ADDRESS	15311 ORANGE RIVER RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALENTI, WILLIAM P.			3.2 NAME			
STREET ADDRESS	6542 KESTREL CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDRY, ROBERT ERNEST			4.2 NAME			
STREET ADDRESS	13580 BRYNWOOD LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUMPHREY, JAMES T., JR.			5.2 NAME			
STREET ADDRESS	3486 AVOCADO DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			5.4 CITY-ST-ZIP			
TITLE	VTS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HALL, DAVID CARELTON			6.2 NAME			
STREET ADDRESS	1240 LOGAN LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:  DATE: **1/31/97** **941-234-2020**

CR2E034 (9/96)