

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90199 031 ***150.00

DOCUMENT # S00614

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1990

4. FEI Number

65-0221393

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALENTI, WILLIAM P
2017 MCGREGOR BLVD.
FT. MYERS FL 33901

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 ☐ DELETE

TITLE D
NAME ADKINS, ROBERT C.
STREET ADDRESS 3944 W. RIVERSIDE DR
CITY-ST-ZIP FT. MYERS FL

TITLE D
NAME FOCHT, RONALD D
STREET ADDRESS 6377 MORGAN LA FEE LN
CITY-ST-ZIP FT. MYERS FL 33912

TITLE DP
NAME VALENTI, WILLIAM P.
STREET ADDRESS 6542 KESTREL CIRCLE
CITY-ST-ZIP FT. MYERS FL

TITLE DC
NAME HENDRY, ROBERT ERNEST
STREET ADDRESS 2065 W FIRST ST
CITY-ST-ZIP FORT MYERS FL 33901

TITLE D
NAME HUMPHREY, JAMES T., JR.
STREET ADDRESS ~~1910 VIRGINIA AVE, #1601~~
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D
NAME TAYLOR, HAROLD S JR
STREET ADDRESS 2017 MCGREGOR BLVD
CITY-ST-ZIP FT MYERS FL

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 3435 VIA TORCIDA
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:

William P. Valenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM P. VALENTI

04-30-99

Date

941-334-2020

Daytime Phone #

CR2E034 (11/98)

0447456