

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S36570** (7)  
1. Corporation Name  
**FIRST BANK OF THE VILLAGES**



Principal Place of Business: **903 AVENIDA CENTRAL LADY LAKE FL 32159 US**  
Mailing Address: **903 AVENIDA CENTRAL LADY LAKE FL 32159 US**

3. Date Incorporated or Qualified: **03/08/1991**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-3018034**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORSE, H. G</b>	
STREET ADDRESS	<b>1100 MAIN STREET</b>	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNSIED, R. DEWEY</b>	
STREET ADDRESS	<b>5549 BANANA POINT DRIVE</b>	
CITY-ST-ZIP	<b>OKAHUMPKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, HAROLD S.</b>	
STREET ADDRESS	<b>1100 MAIN STREET</b>	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BANCROFT, JOSEPH C.</b>	
STREET ADDRESS	<b>134 HARMONY LANE</b>	
CITY-ST-ZIP	<b>MCCOMB MS</b>	
TITLE	<b>DPC</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, JOSEPH, JR.</b>	
STREET ADDRESS	<b>34415 KINGFISH STREET</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RINK, WESLEY W.</b>	
STREET ADDRESS	<b>523 GARRARD DRIVE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>WISE, JOHN F</b>	
13 STREET ADDRESS	<b>12290 SW 16TH AVE</b>	
14 CITY-ST-ZIP	<b>OCALA FL 34476</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>LEVINE, MICHAEL S</b>	
23 STREET ADDRESS	<b>33835 OVERTON DR</b>	
24 CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	
31 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>CROCKER, JANICE B</b>	
33 STREET ADDRESS	<b>903 AVENIDA CENTRAL</b>	
34 CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	
41 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>HANEGAN, VICTORIA</b>	
43 STREET ADDRESS	<b>1100 MAIN STREET</b>	
44 CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	
51 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>MCMILLAN, BENJAMIN</b>	
53 STREET ADDRESS	<b>903 AVENIDA CENTRAL</b>	
54 CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Stewart* **JOSEPH STEWART** Date: **6/20/96** Telephone: **352-753-9515**

CR2E034 (3/96)