SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

- FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:10

DOCUMENT # **S54487** **(1)**

1. Corporation Name
SARASOTA BANK

Principal Place of Business	Mailing Address
SUITE 100 2 NORTH TAMIAMI TRAIL SARASOTA FL	SUITE 100 2 NORTH TAMIAMI TRAIL SARASOTA FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/12/1992**
3a. Date of Last Report: **07/26/1994**

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

4. FEI Number: **65-0344090** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOT REQUIRED PURSUANT TO 607.034 (2) FLORIDA STATUTES

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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	11 TITLE	☐ Change ☐ Addition
NAME	BARR, KENNETH H.	12 NAME	
STREET ADDRESS	730 PENFIELD	13 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLARKE, TIMOTHY J.	22 NAME	
STREET ADDRESS	1547 BAY VIEW DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DEMLER, JAMES W.	32 NAME	
STREET ADDRESS	1762 HAWTHORNE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	DPC	41 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, CHRISTINE L.	42 NAME	
STREET ADDRESS	888 BOULEVARD OF THE ART	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	NORTON, SAM D.	52 NAME	
STREET ADDRESS	1391 HARBOR DR.	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PENDER JR., MICHAEL R. (C.	62 NAME	
STREET ADDRESS	4803 WINCHESTER DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christine L. Jennings Pres. + CEO 6/7/95 813-955-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110434 CP