

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S54487 (1)
1. Corporation Name
SARASOTA BANK



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
08/12/1992
4. FEI Number Applied For
65-0344090 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOT REQUIRED
PURSUANT TO 607.034 (2)
FLORIDA
STATUTES

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
TITLE D ☐ DELETE
NAME BARR, KENNETH H.
STREET ADDRESS 740 PENFIELD
CITY-ST-ZIP LONGBOAT KEY FL
TITLE D ☐ DELETE
NAME CLARKE, TIMOTHY J.
STREET ADDRESS 3509 AVENIDA MADERA
CITY-ST-ZIP BRADENTON FL
TITLE D ☒ DELETE
NAME DEMLER, JAMES W.
STREET ADDRESS 1547 BAY VIEW DRIVE
CITY-ST-ZIP SARASOTA FL
TITLE DPC ☐ DELETE
NAME JENNINGS, CHRISTINE L.
STREET ADDRESS 988 BLVD OF THE ARTS., #510
CITY-ST-ZIP SARASOTA FL
TITLE DS ☐ DELETE
NAME NORTON, SAM D.
STREET ADDRESS 4648 STONERIDGE TR
CITY-ST-ZIP SARASOTA FL
TITLE D ☐ DELETE
NAME PENDER JR., MICHAEL R. (C.
STREET ADDRESS 4803 WINCHESTER DRIVE
CITY-ST-ZIP SARASOTA 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
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.

SIGNATURE: *Christine L. Jennings* *April 29 1998 9:21/26*

CR2E034 (10/97)