FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FUORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State
DIVISION OF CORPORATIONS

Pg 1962

1996

DOCUMENT # 1. Corporation Name

S56524

(9)

PRIME BANK OF CENTRAL FLORIDA

Principal Place of Elusiness Mailing Address					DIN SADA BABAN DADIN DIDIN DIBIN DIBAN DIREN HODI
680 COUNTRY CLUB DRIVE TITUSVILLE FL 32780-4977		680 COUNTRY CLUB DRIVE TITUSVILLE FL 32780-4977			
				3. Date Incorporated or Qualified 05/31/1991	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2720590	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	Oty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Fiorida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curren			10. Name and Address of New F	legistered Agent
			81 Name		
NOT REQUIRED PURSUANT TO CHAPTER 607.0501(2) OF THE FLORIDA STATUTES			82 Street Ac	Address (P.O. Box Number is Not Acceptable)	
. FL	one) of the reolder office		83		
			44 0		
			84 City		FL 85 Zip Code
familiar wit	ed agent, or both, in the state of Floric th, and accept the obligations of, Secti-	da Such chance was authori or 637.0505 Florida Statute	zed by the corporation's bo s	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the app	ointment as registered agent. Lam
12.	Signature, typed or proteomatik of traje tenstraje in OFFICERS AND	and tentapitation (fo Trible CTORS	 For jude red Agent signature requ 13. 		DATE
TITLE	CEOP	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAMĒ	MARTO JR., JOSEPH V.		1.2 NAME		
STREET ADDRESS	460 ORIOLE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANLANTIC FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2 1 DTLE		Change Addition
NAME	SWANN, JIM		2.2 NAME		
STREET ADDRESS	402 HIGH POINT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	· · · · · · · · · · · · · · · · · · ·	2.4 CHY - ST - ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAMÉ	WHITE, BILLY H.		3.2 NAME		
STREET ADDRESS	3950 DAIRY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TITUSVILLE FL D	DELETE	3.4 C(7.Y - ST - 7)P		Change C Addition
NAME	HERMANSEN, BJORNAR	_1 perete	4 * TITLE 1 4 2 NAME		Change Addition
STREET ADDRESS	205 HACIENDA DRIVE		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY - ST - ZIP		
TITLE	D	T DELETE	5 1 10°LE		Change Addition
NAME	BAUGHER, ROBERT A.		5.2 NAME		
STREET ADDRESS	118 SUNSET LANE		5 3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		5 4 Orl Y - ST - ZiP		
TITLE	D	🗶) DELETE	6 1 TITLE		Change Addition
NAME	JONES, JOHN HENRY		6 2 NAME	DECEASED	- - —
STREET ADDRESS	2850 DAIRY ROAD		6 3 STHEET ADDRESS		

CITY-ST-ZIP ITTUSYILE FL

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 logal effect as if made under oath; that I am an officer or director of the conjugation or the reserve or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if chapped, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINCE OF SIGNING DEFICER OR DIRECTOR P. Bryan Fulmer, Jr., SVP/CFO

4-23-96

407/268-3800

Destine Prone #

CR2E034 (12/95)

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PRIME BANK OF CENTRAL FLORIDA - ADDITIONAL DIRECTORS

Floyd C. Lemmon, CPA 3156 Newfound Harbor Drive Merritt Island, FL 32952

Donald A. Nohrr 1800 W. Hibiscus Blvd. Melbourne, FL 32901

John D. Williams 3948 Rambling Acres Drive Titusville, FL 32796