

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 23 1998 8:00am
Secretary of State

DOCUMENT # S56524 (9)
1. Corporation Name
PRIME BANK OF CENTRAL FLORIDA

Principal Place of Business
680 COUNTRY CLUB DRIVE
TITUSVILLE FL 32780-4977

Mailing Address
680 COUNTRY CLUB DRIVE
TITUSVILLE FL 32780-4977



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1991

4. FEI Number

59-2720590

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NOT REQUIRED PURSUANT TO CHAPTER
607.0501(2) OF THE FLORIDA STATUTES
. FL

10. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
MARTO JR., JOSEPH V.
460 ORIOLE LANE
INDIANLANTIC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWANN, JIM
402 HIGH POINT DRIVE
COCOA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, BILLY H.
3950 DAIRY ROAD
TITUSVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERMANSEN, BJORNAR
205 HACIENDA DRIVE
MERRITT ISLAND FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAUGHER, ROBERT A.
118 SUNSET LANE
COCOA BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEMMON, FLOYD
535 DELANNOY AVE
COCOA FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
EVANS, ARTHUR F., III
1688 W. Hibiscus Blvd.
Melbourne, FL

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
NOHRR, DONALD A.
1800 W. Hibiscus Blvd.
Melbourne, FL

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
WILLIAMS, JOHN D.
3948 Rambling Acres Dr.
Titusville, FL

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 *Joseph V. Marto Jr.* 2/18/98

CR2E034 (10/97)