S61701

Reinstatement

Filed 10-30-95

(1993-1995)

2 pgs.

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER [illegible]
AMOUNT DUE ON OR BEFORE 7/28/93: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE $[illegible])

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 OCT 30 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S61701 (6)

1. Name and Mailing Address of Corporation:
PR0010940
BRANCH BANCO INC.
3424 VICTORIA PARK RD.
JACKSONVILLE FL 32216

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: 06/20/1991
3a. Date of Last Report: 10/07/1992

FILING FEE $225.00

Annual Report $61.25 + $138.75 Corporation Supplemental Fee + $25.00 Late Fee

MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-3077665 ☐ Applied For ☐ Not Applicable

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26 3424 VICTORIA PARK RD.
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE FL
Zip 29 32216 Country 30

5. Certificate of Status Desired ☐ $8.75
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, WILLIAM
3424 VICTORIA PARK RD.
JACKSONVILLE FL 32216

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 or Sections 617.0502 and 617.1508, 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 William Robinson DATE 10-30-95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ROBINSON, WILLIAM 3424 VICTORIA PARK RD. JACKSONVILLE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	REINSTATEMENT 93-95
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	200001640632 11/17/95 01032-043 ****775.00 ****775.00
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	A074 10/1/95
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 Block 13 if a change, or on an attachment with an address.

SIGNATURE: William Robinson William Robinson 10/30/95
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (904) 730-3024