

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45880 (4)

1. Corporation Name
TOMOKA BANCORP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
201 S NOVA RD 201 S NOVA RD
ORMOND BEACH FL 32175-5058 ORMOND BEACH FL 32175-5058

3. Date Incorporated or Qualified **06/25/1982** 3a. Date of Last Report **07/25/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-3136288** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DARGAN, THOMAS H.
201 S NOVA RD
ORMOND BEACH FL 32175-5058**

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

Signature typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	AHRENS, ROBERT
STREET ADDRESS	1796 MITCHELL CT.
CITY, ST, ZIP	DAYTONA BEACH FL
TITLE	D
NAME	LEVINE, SIDNEY
STREET ADDRESS	572 PELICAN BAY DRIVE
CITY, ST, ZIP	DAYTONA BEACH FL
TITLE	D
NAME	MILLER, SANFORD
STREET ADDRESS	7 FERNWOOD TRAIL
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	D
NAME	PRUETT, OTIS
STREET ADDRESS	157 WINDWOOD CIRCLE
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	DC
NAME	FLEUCHAUS, P. T.
STREET ADDRESS	200 S. BEACH STREET
CITY, ST, ZIP	ORMOND BEACH FL
TITLE	D
NAME	TORRENCE, E. THOMAS
STREET ADDRESS	2018 BLAIS AVENUE
CITY, ST, ZIP	DAYTONA BEACH FL

1.1 TITLE	D	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY, ST, ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY, ST, ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST, ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY, ST, ZIP			

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 110.07(3)(b), 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:

Thomas H. Dargan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

(204) 672-5100