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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V45880** (4)

1. Corporation Name

**TOMOKA BANCORP, INC.**



Principal Place of Business

Mailing Address

**201 S NOVA RD  
ORMOND BEACH FL 32175-5058**

**201 S NOVA RD  
ORMOND BEACH FL 32175-5058**

3. Date Incorporated or Qualified

**06/25/1992**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **AHRENS, ROBERT**  
STREET ADDRESS **1796 MITCHELL CT.**  
CITY- ST- ZIP **DAYTONA BEACH FL**

TITLE **D** ☒ DELETE

NAME **LEVINE, SIDNEY**  
STREET ADDRESS **572 PELICAN BAY DRIVE**  
CITY- ST- ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE

NAME **MILLER, SANFORD**  
STREET ADDRESS **7 FERNWOOD TRAIL**  
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE

NAME **PRUETT, OTIS**  
STREET ADDRESS **157 WINDWOOD CIRCLE**  
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE **DC** ☐ DELETE

NAME **FLEUCHAUS, P. T.**  
STREET ADDRESS **200 S. BEACH STREET**  
CITY- ST- ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE

NAME **TORRENCE, E. THOMAS**  
STREET ADDRESS **2018 BLAIS AVENUE**  
CITY- ST- ZIP **DAYTONA BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 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

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

**PD**  
**Dargan, Thomas H.**  
**61 Alberta**  
**Ponce Inlet, FL 32127**

**D** ☐ Change ☒ Addition

**Heebner, Peter**  
**231 Rio Pinar**  
**Ormond Beach, FL 32174**

**D** ☐ Change ☒ Addition

**Miller, Norman N.**  
**200 Palmetto Pines Rd.**  
**Ormond Beach, FL 32174**

**D** ☐ Change ☒ Addition

**Perryman, David**  
**1427 Oak Forest Dr.**  
**Ormond Beach, FL 32174**

**D** ☐ Change ☒ Addition

**Vaughn, William**  
**2 Eagle Drive**  
**Ormond Beach, FL 32174**

☐ Change ☐ Addition

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 119.07(3)(k), 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 at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas H. Dargan, President**

**4/25/96 904-672-5100**

Date

Daytime Phone

CR2E034 (12/95)