

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

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: **201 S NOVA RD ORMOND BEACH FL 32175-5058**  
Mailing Address: **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**  
4. FEI Number: **59-3136288**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AHRENS, ROBERT</b>
STREET ADDRESS	<b>1796 MITCHELL CT.</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEVINE, SIDNEY</b>
STREET ADDRESS	<b>572 PELICAN BAY DRIVE</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, SANFORD</b>
STREET ADDRESS	<b>7 FERNWOOD TRAIL</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PRUETT, OTIS</b>
STREET ADDRESS	<b>157 WINDWOOD CIRCLE</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE
NAME	<b>FLEUCHAUS, P. T.</b>
STREET ADDRESS	<b>200 S. BEACH STREET</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TORRENCE, E. THOMAS</b>
STREET ADDRESS	<b>2018 BLAIS AVENUE</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dargan, Thomas H.</b>
1.3 STREET ADDRESS	<b>61 Alberta</b>
1.4 CITY - ST - ZIP	<b>Ponce Inlet, FL 32127</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Heebner, Peter</b>
2.3 STREET ADDRESS	<b>231 Rio Pinar</b>
2.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Miller, Norman N.</b>
3.3 STREET ADDRESS	<b>200 Palmetto Pines Rd.</b>
3.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Perryman, David</b>
4.3 STREET ADDRESS	<b>1427 Oak Forest Dr.</b>
4.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Vaughn, William</b>
5.3 STREET ADDRESS	<b>2 Eagle Drive</b>
5.4 CITY - ST - ZIP	<b>Ormond Beach, FL 32174</b>
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 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 if at 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: **Thomas H. Dargan, President**  
Date: **4/25/96** 904-672-5100 Daytime Phone #

CR2E034 (12/95)