

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81300

Entity Name: CHARLOTTE STATE BANK & TRUST

Current Principal Place of Business:

1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

Current Mailing Address:

1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

FEI Number: 59-2664950

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DE YOUNG, CRAIG H PRES.
1100 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CRAIG DE YOUNG

02/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name DE YOUNG, CRAIG H
Address 1321 AGEAN CT.
City-State-Zip: PORT CHARLOTTE FL 33983

Title DIRECTOR, CO-VICE CHAIRMAN
Name CREWS, J W JR.
Address 106 E MAIN ST
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR
Name WILSON, BRADLEY L
Address 119 PALMETTO CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR, CFO
Name PENNYBACKER, WILLIAM B
Address 5392 SHAGBARK COURT
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, CEO, CHAIRMAN
Name CREWS, J W (JAKE) IV
Address 106 E MAIN ST
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR
Name CREWS, DENA
Address 3507 BAYSHORE BLVD
UNIT 1502
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name CREWS, WALTER MARK
Address 5744 CHURCHILL DOWNS RD
City-State-Zip: SARASOTA FL 34241

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM B PENNYBACKER

DIRECTOR, CFO

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date