

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082771

Entity Name: CENTERSTATE BANKS, INC.**Current Principal Place of Business:**42745 US HIGHWAY 27
DAVENPORT, FL 33837**Current Mailing Address:**42745 US HIGHWAY 27
DAVENPORT, FL 33837**FEI Number: 59-3606741****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINNER, ERNEST S
42745 US HIGHWAY 27
DAVENPORT, FL 33837 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name BINGHAM, JAMES H
Address 411 COMMERCIAL CT
City-State-Zip: VENICE FL 34292Title VS
Name ANTAL, JAMES J
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837Title D
Name BLANCHARD, G. ROBERT JR
Address 1414 SWANN AVE, SUITE 201
City-State-Zip: TAMPA FL 33606Title D
Name NUNEZ, G. TIERSO II
Address 900 E. INGRAM AVENUE
City-State-Zip: HAINES CITY FL 33844Title PDC
Name PINNER, ERNEST S
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837Title DIRECTOR
Name CARLTON, CHARLES D
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837Title DIRECTOR
Name GREENE, GRIFFIN A
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837Title DIRECTOR
Name MCPHERSON, CHARLES W
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837**Continues on page 2**

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: JAMES J. ANTAL**SR. VP & CFO****03/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POU, WILLIAM K JR.
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR, VP
Name CORBETT, JOHN C
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name RICHEY, DANIEL R
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name SNIVELY, JOSHUA A
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name OAKLEY, THOMAS E
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name CIFERRI, MICHAEL F
Address 42745 US HIGHWAY 27
City-State-Zip: DAVENPORT FL 33837