## APPLICATION FOR AUTHORITY TO ESTABLISH A TRUST SERVICE OFFICE

Pursuant to Section 660.33(a), Florida Statutes, an application is hereby made for authority to establish a trust service office.

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Director
Office of Financial Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0371

Application fee of \$1500 payable to the Office of Financial Regulation is attached for deposit to the Financial Institutions Regulatory Trust Fund.

Org: 43843000000 Flair Object Code: 001070 EO: V1 Revenue Source Code: 226

#### DISCUSSION SECTION

Appropriate	notice	e of	this	trust	service	office:	(	)	has	been;	(	) will	be p	rov	ided
to: ()	) the H	Fede:	ral De	eposit	Insuran	ce Corpo	ration; (	<u>(</u>	)	the	Federal	Reserve	Ban	ık o	f
Atlanta; (	)	the	Offic	ce of :	Thrift S	upervisio	on.								

If the proposed Trust Service Office is to assume the operations of an existing Trust Department, provide a summary of the number, type, and estimated dollar value of the trust accounts presently being serviced by the Host Institution.

Attach: Certified copy of Servicing Institution's stockholders resolution authorizing an application for permission to establish a Trust Service Office in Host Institution.

Attach: Certified copy of Host Institution's Board of Directors' resolution consenting to the establishment of a Trust Service Office in its main office by Servicing Institution.

Attach: A copy of the contractual agreement between the Servicing Institution and the Host Institution encompassing the establishment and operation of the Trust Service Office.

## FIXED ASSET EXPENDITURES

Leasehold Improvements	\$
Furniture and equipment	\$
Other	\$
Total	\$

If quarters are to be leased, attach a copy of the proposed lease.

Attach: A current balance sheet of the Servicing Institution as of the date of the application.

### ESTIMATES OF BUSINESS DEVELOPMENT AND INCOME PRODUCTION

Year Year Year 2 3 1 Accts Accts Accts Account Type Amount. Fees Amount. Fees Amount Fees (\$000)(#) (000)(\$000)(#) (000)(\$000)(#) (000)Total Fee Income Expenses: Salaries & Fees Occupancy Other direct Allocated Other Net Income

application for permission to establish this t	Financial Institution to prepare and file this trust service office. The undersigned hereby attest to certify to the correctness of all information submitted
(Name of State Financial Institution)	(Seal)
By:President / Vice President	
Attest:Cashier / Secretary	Dated:/