

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:45

DOCUMENT # 003253 (2)

1. Corporation Name
BANK OF NEWBERRY

Principal Place of Business Mailing Address
**397 WEST CENTRAL AVENUE
P.O. BOX 899
NEWBERRY FL 32669**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
05/18/1906 **08/26/1994**

4. FEI Number Applied For
59-0153962 Not Applicable

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 2a. Mailing Address
21 26
Suits, Apt. #, etc. Suits, 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
**PARKER, SUSAN G.
397 W. CENTRAL AVE.
NEWBERRY FL 32669**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SUMMERLIN, NEWBERN
STREET ADDRESS	3679 NW 16TH BLVD.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	BISHOP, MARION L. SR.
STREET ADDRESS	RT. 2, BOX 785
CITY-ST-ZIP	NEWBERRY FL
TITLE	P
NAME	KLETTER, WILLIAM
STREET ADDRESS	306 SE 21ST TERRACE
CITY-ST-ZIP	OCALA FL
TITLE	EV
NAME	PARKER, SUSAN G.
STREET ADDRESS	RT. 1 BOX 18P
CITY-ST-ZIP	FORTH WHITE FL
TITLE	D
NAME	GRAVELY, E. H. SR.
STREET ADDRESS	716 SW 218TH ST.
CITY-ST-ZIP	NEWBERRY FL
TITLE	AS
NAME	SUNDBERG, KATIE
STREET ADDRESS	P.O. BOX 252
CITY-ST-ZIP	BELL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES T. PAYTON, JR.	
1.3 STREET ADDRESS	4015 SE 17 PLACE	
1.4 CITY-ST-ZIP	OCALA, FLORIDA 34471	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES T. PAYTON, JR.	
3.3 STREET ADDRESS	4015 SE 17 PLACE	
3.4 CITY-ST-ZIP	OCALA, FLORIDA 34471	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUMMERLIN, NEWBERN	
5.3 STREET ADDRESS	3679 NW 16TH BLVD.	
5.4 CITY-ST-ZIP	GAINESVILLE, FLORIDA	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COWART, WILLIAM	
6.3 STREET ADDRESS	RT. 3 BOX 386-D	
6.4 CITY-ST-ZIP	TRENTON, FLORIDA	

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 110.07(3)(b), 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 its receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan G. Parker* **SUSAN G. PARKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95 904-472-2162
Date Daytona Phone #