

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

FILED
Jan 23 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **05/18/1906** 3a. Date of Last Report **03/24/1995**
4. FEI Number **59-0153962** Applied For
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, SUSAN G.
397 W. CENTRAL AVE.
NEWBERRY FL 32669**

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

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	<input type="checkbox"/> DELETE
NAME	PAYTON, JAMES T JR	
STREET ADDRESS	4015 SE 17TH PLACE	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, MARION L. SR.	
STREET ADDRESS	RT. 2, BOX 785	
CITY- ST- ZIP	NEWBERRY FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PAYTON, JAMES T JR	
STREET ADDRESS	4015 SE 17TH PLACE	
CITY- ST- ZIP	OCALA FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	PARKER, SUSAN G.	
STREET ADDRESS	RT. 1 BOX 18P	
CITY- ST- ZIP	FORTH WHITE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SUMMERLING, NEWBERN	
STREET ADDRESS	3679 NE 18TH BLVD.	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	COWART, WILLIAM	
STREET ADDRESS	RT 3 BOX 386-D	
CITY- ST- ZIP	TRENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	2014 TWIN BRIDGE COURT	
1.4 CITY- ST- ZIP	OCALA FL 34471	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP	NEWBERRY FL 32669	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WERSHOW, JONATHAN F	
3.3 STREET ADDRESS	RT 1 BOX 25	
3.4 CITY- ST- ZIP	ALACHUA FL 32615	
4.1 TITLE	EV/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	RT 1 BOX 3940	
4.4 CITY- ST- ZIP	FORT WHITE FL 32038	
5.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUMMERLIN, NEWBERN	
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP	GAINESVILLE FL 32605	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KIRKPATRICK, JOHN W	
6.3 STREET ADDRESS	5203 NW 49TH LANE	
6.4 CITY- ST- ZIP	GAINESVILLE FL 32606	

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 19.07(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 that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *James T. Payton, Jr.* **JAMES T. PAYTON, JR.** **JANUARY 18, 1996** **352-472-2162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (12/95)