

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003253 (2)

1. Corporation Name
NEWBERRY BANK



Principal Place of Business 25365 WEST NEWBERRY ROAD NEWBERRY FL 32669	Mailing Address 25365 WEST NEWBERRY ROAD NEWBERRY FL 32669
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DO NOT WRITE IN THIS SPACE

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
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
05/18/1906

4. FEI Number
59-0153962

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

COWART, WILLIAM R
25365 WEST NEWBERRY ROAD
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 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, JAMES T JR	1.2 NAME	
STREET ADDRESS	2014 TWIN BRIDGE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, MARION L. SR.	2.2 NAME	
STREET ADDRESS	3411 NW 170 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, HOMER N	3.2 NAME	
STREET ADDRESS	32 RAINTREE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39211	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHORN, WILLIAM E	4.2 NAME	
STREET ADDRESS	1003 FRED STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PRENTISS MS 39474	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERSHOW, JONATHAN F	5.2 NAME	
STREET ADDRESS	RT. 1, BOX 25	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPE, MICHAEL E	6.2 NAME	
STREET ADDRESS	2351 SE 17 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 32671	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/31/98 352-472-2162**

CP2E034 (10/97)