

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003878 (6)
 1. Corporation Name
QUINCY STATE BANK



Principal Place of Business 4 E. WASHINGTON ST. DRAWER 700 QUINCY FL 32351	Mailing Address 4 E. WASHINGTON ST. DRAWER 700 QUINCY FL 32353-0700 US
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21. Principal Place of Business	22. Mailing Address
22. Suite, Apt. #, etc.	23. Suite, Apt. #, etc.
23. City & State	24. City & State
24. Zip	25. Country
25. Country	26. Zip
26. Zip	27. Country
27. Country	28. Zip
28. Zip	29. Country
29. Country	30. Zip
30. Zip	31. Country

3. Date Incorporated or Qualified 08/20/1889	3a. Date of Last Report 01/22/1996
4. FEI Number 59-0413850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRANSON, W C "BUD"
4 EAST WASHINGTON ST
QUINCY FL 32351

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANSON, W.C.	1.2 NAME	
STREET ADDRESS	RT 3 BOX 2820	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, JOHN SHAW	2.2 NAME	
STREET ADDRESS	331 NORTH MONROE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEDEN, JACK	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 155	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMBIE, NESTA G.	4.2 NAME	
STREET ADDRESS	LAKE YVETTE	4.3 STREET ADDRESS	404 LIVE OAK LANE
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDE, GEORGE T	5.2 NAME	
STREET ADDRESS	701 FIRST ST NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPTON, RANDALL	6.2 NAME	
STREET ADDRESS	RT. 3, BOX 1911	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	6.4 CITY-ST-ZIP	

14. I do 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: _____ *W.C. Branson* **4/25/97 904-875-1000**

CR2E034 (9/96)



The Quincy State Bank

FLORIDA'S FIRST STATE CHARTERED BANK / MEMBER F.D.I.C.

TRUST DEPARTMENT

POST OFFICE BOX 699 • QUINCY, FLORIDA • 32353-0699

ADDITIONAL OFFICERS AND DIRECTORS OF THE QUINCY STATE BANK AS OF 12/31/96

TITLE	NAME	STREET ADDRESS	CITY AND STATE
V	Edna Brown	Rt. 1 Box 58-A	Hosford, FL
V	Hersholt Johnson	Rt. 3 Box 1913	Quincy, FL
V	Almeta E. Leverett	Rt. 6 Box 48	Quincy, FL
V	Linda M. Ongley	4223 Woodbridge Road	Tallahassee, FL
V	Bruce C. Rowan	436 N. Calhoun St.	Quincy, FL
V	Jerald D. Smith	924 Bellamy Drive	Quincy, FL
V	Brenda Sunday	Rt. 1 Box 1978	Quincy, FL
ATO	Mary Alice Timmons	815 Sunset Drive	Quincy, FL
V	Sherry D. Tucker	4 E. Washington St.	Quincy, FL
V	David E. Watson	Rt. 2 Box 251-A	Quincy, FL
D	Mark W. Bates	435 N. Jackson St.	Quincy, FL
D	E. Rantz Fletcher Jr.	600 N. 14th St.	Quincy, FL
C/D	John B. Higdon Jr.	202 N. Calhoun St.	Quincy, FL
D	E.W. Hinson Jr.	331 N. 14th St.	Quincy, FL
D	William M. Maxwell	Rt. 7 Box 5700	Quincy, FL
D	Bruce H. Thomas	412 N. Jackson St.	Quincy, FL
D	Pat M. Woodward	Rt. 2 Box 190	Quincy, FL