

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 004947 (8)**  
1. Corporation Name  
**BRANFORD STATE BANK**



Principal Place of Business      Mailing Address  
**814 SUWANNEE AVENUE**      **814 SUWANNEE AVENUE**  
**PO BOX 447**      **PO BOX 447**  
**BRANFORD FL 32008**      **BRANFORD FL 32008**

3. Date Incorporated or Qualified: **01/07/1911**      3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-0172910**      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      26  
Suite, Apt. #, etc.      Suite, 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  
**BRADLEY, CLIFTON**  
**814 SUWANNEE AVENUE**  
**BRANFORD FL 32008**

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 registering)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1. 1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, CLIFTON E	1. 2 NAME	Waymon W. Thomas Jr
STREET ADDRESS	814 SUWANNE AV	1. 3 STREET ADDRESS	Hwy 27
CITY-ST-ZIP	BRANFORD FL	1. 4 CITY-ST-ZIP	Mayo, Fl. 32066
TITLE	D <input checked="" type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, A. JACK	2. 2 NAME	
STREET ADDRESS	401 WHITE ST.	2. 3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	2. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT HILL	3. 2 NAME	
STREET ADDRESS	1001 GARDENIA DR.	3. 3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGELS, HENRY	4. 2 NAME	
STREET ADDRESS	RT 1	4. 3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	4. 4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, L.L. JR.	5. 2 NAME	
STREET ADDRESS	HILLCREST SUBDIVISION	5. 3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD FL	5. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON THOMAS A	6. 2 NAME	
STREET ADDRESS	216 S MAGNOLIA DR	6. 3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6. 4 CITY-ST-ZIP	

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 119.07(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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996  
DATE: \_\_\_\_\_  
(804) 225-1110

CR2E034 (12/95)