

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **193115 (3)**
1. Corporation Name
COMMUNITY STATE BANK OF STARKE

95 MAY -1 AM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE FL 32091**
Mailing Address: **811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE FL 32091**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or founded 05/14/1956	3a. Date of last Report 05/01/1994
4. FEI Number 59-0795359	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 intangibles tax under s. 194.037, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt # etc	26. State, Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent JOHNS, JEROME 811 S. WALNUT STREET, P.O. DRAWER 460 STARKE FL 32091	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 607.0505 and 607.1908, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AV	NAME RICHARDSON, EUGENE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS RT. 1, BOX 184		2. NAME	
CITY, ST, ZIP GLEN ST. MARY FL		3. STREET ADDRESS	
TITLE PD	NAME JOHNS, JEROME	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 114 W MADISON ST		5. NAME	
CITY, ST, ZIP STARKE, FL 00000		6. STREET ADDRESS	
TITLE V	NAME BENNETT, SHARON	7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 1 BOX 541		8. NAME	
CITY, ST, ZIP LAKE BUTLER, FL 00000		9. STREET ADDRESS	
TITLE C	NAME MOSLEY, BARBARA	10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 1 BOX 553		11. NAME	
CITY, ST, ZIP LAKE BUTLER FL		12. STREET ADDRESS	
TITLE DCB	NAME FELOS, PETE G	13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 488 W CALL ST		14. NAME	
CITY, ST, ZIP STARKE, FL 00000		15. STREET ADDRESS	
TITLE		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY, ST, ZIP		19. CITY, ST, ZIP	
TITLE		20. NAME	
NAME		21. STREET ADDRESS	
STREET ADDRESS		22. CITY, ST, ZIP	
CITY, ST, ZIP		23. NAME	
		24. STREET ADDRESS	
		25. 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)(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 the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an addition with an address.

SIGNATURE: *Sharon Bennett* Vice-President 4-26-95 (904)-964-7830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR