


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 193115 (3)

1. Corporation Name
COMMUNITY STATE BANK OF STARKE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 811 SOUTH WALNUT STREET P. O. BOX 480 STARKE FL 32091		Mailing Address 811 SOUTH WALNUT STREET P. O. BOX 480 STARKE FL 32091	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified 05/14/1956
4. FEI Number 59-0795359
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JOHNS, JEROME
 811 S. WALNUT STREET, P.O. DRAWER 480
 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 607.0502 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	AV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, EUGENE	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 184	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	1.4 CITY-ST-ZIP	
TITLE	DPC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JEROME	2.2 NAME	
STREET ADDRESS	811 S. WALNUT ST., P.O. DRAWER 480	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, SHARON	3.2 NAME	
STREET ADDRESS	RT 1 BOX 541	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, BARBARA	4.2 NAME	
STREET ADDRESS	RT 1 BOX 553	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, W S	5.2 NAME	
STREET ADDRESS	RT 2 BOX 380	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Barbara Mosley* 4-17-98 904-964-7830

CR2E034 (10/97)