

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

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Feb 03 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 # **465683** (1)

1. Corporation Name:
THE TALLAHASSEE STATE BANK

Principal Place of Business 2720 WEST TENNESSEE STREET P. O. BOX 2275 TALLAHASSEE FL 32316	Mailing Address 2720 WEST TENNESSEE STREET P. O. BOX 2275 TALLAHASSEE FL 32316-2275
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3. Date Incorporated or Qualified 12/02/1974	3a. Date of Last Report 02/14/1996
4. FEI Number 59-1562868	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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
25 Country	30 Country

9. Name and Address of Current Registered Agent	
MOORE, W. BOOKER 736 SOUTH RIDE TALLAHASSEE FL 32303	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	STITH, MELVIN
STREET ADDRESS	2588 NOBLE DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WEEDEN, SHARON
STREET ADDRESS	3881 PADDICK DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARDNER, CHARLES R.
STREET ADDRESS	1731 ARMISTEAD PLACE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	LECH, CHARLOTTE
STREET ADDRESS	1922 DELLWOOD DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CALLAWAY, JIMMIE
STREET ADDRESS	3031 LAKESHORE DR.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRICE, DON
STREET ADDRESS	2610 LOTUS DR.
CITY - ST - ZIP	TALLAHASSEE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEVANE-KIGHT, MELODY
1.3 STREET ADDRESS	1349 LAWNDALE RD.
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32311
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **1-28-97** (904) 224-8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)