FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K36051** **(6)**

1. Corporation Name
CNB, INC.

Principal Place of Business	Mailing Address
201 N. MARION STREET LAKE CITY FL 32055	P.O. BOX 3239 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/03/1988**
3a. Date of Last Report: **10/05/1994**

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

4. FEI Number: **59-2958616** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TROWELL, K C 201 NORTH MARION STREET LAKE CITY FL 32055	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 _____ 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	DCP	11 TITLE	☐ Change ☐ Addition
NAME	TROWELL, K.C.	12 NAME	
STREET ADDRESS	233 HARRIS LAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BULLARD, AUDREY S	22 NAME	
STREET ADDRESS	S. HWY. 47, P.O. BOX 766	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DICKS, ROY C	32 NAME	
STREET ADDRESS	ROUTE 3, BOX 153	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	SCHULTE, FRANK E	42 NAME	delete Frank E. Schulte
STREET ADDRESS	COOKS HANNOCK, BOX 28	43 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PRITCHETT, MARVIN H	52 NAME	
STREET ADDRESS	1050 S.E. 6TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	REAL, HELEN B	62 NAME	
STREET ADDRESS	201 LAKE HARRIS DR.	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	64 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)(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: K C Trowell K. C. Trowell 4-25-95 904-755-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401376 FP

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CNB, Inc. - Additional Officers and Directors - Corporation Annual Report 1995

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D
Thomas R. Andrews
P. O. Box 411
Ponte Vedra Beach, FL 32004

D
C. Lavoye Boggus
P. O. Box 189
Live Oak, FL 32060

D
Seymour Chotiner
P. O. Box M
Live Oak, FL 32060

D
A. Leonard Schlofman
P. O. Box 190
Starke, FL 32091

D
Jimmie L. Scott
P. O. Box 22
Lawtey, FL 32058

D
T. Allison Scott
1043 Pineview Circle
Live Oak, FL 32060

D
William J. Streicher
Route 13, Box 184
Lake City, FL 32055

SVP/S
Joyce Bruner
Rt. 6, Box 439B
Lake City, FL 32025

SVP
Robert Woodard
2451 Castle Heights Drive
Lake City, FL 32025

VP
Martha S. Williams
1453 Pearl Street
Live Oak, FL 32060

VP
Greg Hart
200 Gay Street
Live Oak, FL 32060