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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 32056-3239**

3. Date Incorporated or Qualified: **10/03/1988**
3a. Date of Last Report: **04/17/1996**

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

TROWELL, K C
201 NORTH MARION STREET
LAKE CITY FL 32055

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DCP**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**TROWELL, K.C.**		1.2 NAME	
STREET ADDRESS	**233 HARRIS LAKE DRIVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**LAKE CITY FL 32055**		1.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**BULLARD, AUDREY S**		2.2 NAME	
STREET ADDRESS	**S. HWY. 47, P.O. BOX 768**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**LAKE CITY FL 32055**		2.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**DICKS, ROY C**		3.2 NAME	
STREET ADDRESS	**ROUTE 3, BOX 153**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**LAKE BUTLER FL 32054**		3.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**PRITCHETT, MARVIN H**		4.2 NAME	
STREET ADDRESS	**1050 S.E. 6TH ST**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**LAKE BUTLER FL 32054**		4.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	**REAL, HELEN B**		5.2 NAME	
STREET ADDRESS	**201 LAKE HARRIS DR.**		5.3 STREET ADDRESS	
CITY-ST-ZIP	**LAKE CITY FL 32055**		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: K.C. Trowell 4-29-97 904-755-3240

CHB, Inc. - Additional Officers and Directors - Corporation Annual Report - 1997

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 H
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

D
Paul M. Riherd
4328 NW 10th Place
Gainesville, FL 32605

SVP/S
Joyce Brunet
Rt. 6, Box 4398
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