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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600094522 (5)

PERRY BANKING COMPANY

100	NO	0	RANGE	\$T
DED	Ö۷	F۱	32347.	2741

Principal Place of Business

Mailing Address

FILED Apr 01 1997 8:00am Secretary of State



100 NO ORANG PERRY FL 32347		POST OFFICE BOX 1247 PERRY FL 32348-1247						
					3. Date Incorporated or Qualified 11/19/1996	1 .	1. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 100 N (26 P.O. Box 1	247		59–3412340 Not Applicable			
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required		
City & State 23 PERRY,	FL.	City & State 28 PERRY FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
^{Ζφ} 3234 7	[20]	Zip 32348	Countr 30 TA	YLOR		Yes No	ler s. 199.032,	
	9. Name and Address of C	urrent Registered Agent	81	Libert	10. Name and Address of New Reg	istered Agent		
	ert, Jerry D			Name				
	NO ORANGE ST RY FL 32347-2741			82 Street Address (P.O. Box Number is Not Acceptable)				
ı			83	i	a .			
			84	City		FL B5	Zip Code	
office or reg agent. Lam SIGNATURE	gistered agent, or both, in the l	State of Florida Such change was a obligations of, Section 607.0505, Flo	authorized b orida Statute	y the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	t the appointmen	ng its registered	
12.		S AND DIRECTORS	13.	era Bighature ter	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
Till,F	D	☐ DELETE	1.1 TITLE		C D	XX Cha		
NAME	DICKERT, JERRY D		1.2 NAME		DICKERT, JERRY D			
STREET ADDRESS	100 NO ORANGE ST		1.3 STREE	T ADDRESS	100 N ORANGE ST		ĺ	
City-St-ZiP	PERRY FL 32347-2741		14 City-	ST-ZIP	PERRY, FL 32347			
THE	D	DELETE	21 TITLE			☐ Cha	inge 🔲 Addition	
NAA41	HICKS, A M		22 NAME					
STREET ADDRESS	100 NO ORANGE ST		2.3 STREE	T ADDRESS				
CITY-ST ZIF	PERRY FL 32347-2741	□ pri trč	2 4 CITY	ST-ZIP		TO Cha	non Addition	
1(1), F	D DIOLETT MADIC	☐ DELETE	3 1 TITLE		V D	XX Cha	inge L Addition	
NAME STREET ADOPESS	DICKERT, MARK 100 NO ORANGE ST		32 NAME	T ADDRESS	DICKERT, MARK			
CHY+S1+ZIP	PERRY FL 32347-2741		34. C(TY-		100 N ORANGE ST			
TILE	n	DELETE	4.1 THILE	G) - LIF	PERRY, FL 32347	XX Cha	inge Addition	
NAME	DICKERT, PAUL		4 2 NAMI		S D	444		
STREET ADDRESS	100 NO ORANGE ST			T ADDRESS	DICKERT, PAUL			
CITY-ST-ZPP	PERRY FL 32347-2741		4.4 CiTY-	ST-ZIP	SAME ADDRESS			
1(f. F	D	DELETE	51 TITLE			Cha	inge 🔲 Addition	
NAME	MITCHELL, FRED SR		52 NAME	1				
STREET ADDRESS	100 NO ORANGE ST		53 STREE	T ADDRESS				
CHY+ST+ZW	PERRY FL 32347-2741		5.4 CiTY-	ST-ZIP				
1011.6	D	DELETE	6 1 TITLE		P D	XX Cha	inge 🔲 Addition	
NAME	BROOKS, ROGER SR		62 NAME	1	BROOKS, ROGER			
STREET ADDRESS	100 NO ORANGE ST			T ADDRESS	100 N ORANGE ST.			
CITY - S1 - ZIP	PERRY FL 32347-2741		64 CITY -	ST-ZIP	PERRY, FL 32347			

14. I do hereby cert fy 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 conoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

3-26-97

904/584-4411

Daytime Phone #