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Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000094522 (5)**

1. Corporation Name
PERRY BANKING COMPANY

Principal Place of Business	Mailing Address
100 N ORANGE STREET PERRY FL 32347 US	P.O. BOX 1247 PERRY FL 32348 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1996**

2. Principal Place of Business	2a. Mailing Address
21 **100 N ORANGE ST**	26 **P.O. BOX 1247**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **PERRY, FL**	City & State 28 **PERRY, FL**
Zip / Country 24 **32347** / 25 **TAYLOR**	Zip / Country 29 **32348** / 30 **TAYLOR**

4. FEI Number: **59-3412340** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICKERT, JERRY D 100 NO ORANGE ST PERRY FL 32347-2741	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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DICKERT, JERRY D		1.2 NAME		
STREET ADDRESS	100 NO ORANGE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, A M		2.2 NAME		
STREET ADDRESS	100 NO ORANGE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347-2741		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICKERT, MARK		3.2 NAME		
STREET ADDRESS	100 NO ORANGE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DICKERT, PAUL		4.2 NAME		
STREET ADDRESS	100 NO ORANGE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, FRED SR		5.2 NAME		
STREET ADDRESS	100 NO ORANGE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347-2741		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, ROGER SR		6.2 NAME		
STREET ADDRESS	100 NO ORANGE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL		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: _____ ROGER BROOKS, PRESIDENT 1-27-98 850-584-4411

CR2E034 (10/97)