

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:21

DOCUMENT # **846652** (6)

1. Corporation Name

ESCAMBIA COUNTY BANK, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441	P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441

3. Date Incorporated or Qualified	3a. Date of Last Report
08/04/1980	02/09/1994

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

4. FEI Number	Applied For	Not Applicable
63-0068160	<input type="checkbox"/>	<input type="checkbox"/>
5. Certificate of Status Donated	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trial Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 5-1000.01, Florida Statutes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

STUCKEY, R.J. JR.
750 BRIGGS BLVD.
CENTURY FL 32535

10. Name and Address of Now Registered Agent

81	Name:
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation admits 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, thereby accept the appointment as registered agent, I am familiar with, and I am the obligor of Sections 607.0505, Florida Statutes.

SIGNATURE: *R. J. Stuckey Jr.* January 11, 1995

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	JONES, JAMES R.
STREET ADDRESS	BOX 594, HWY. 31 SOUTH
CITY, ST, ZIP	FLOMATON AL
TITLE	V
NAME	SCOTT, NETTIE
STREET ADDRESS	BOX 643, 203 STATELINE RD
CITY, ST, ZIP	FLOMATON AL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND REGISTERED AGENTS

1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	
9	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	
13	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	
17	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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 119.021(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my registration shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the person or person 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 an agent for the firm with an address.

SIGNATURE: *James R. Jones* January 11, 1995 (334)296-5356

HIGHWAYS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR