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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:03

DOCUMENT # J83016 (2)

1. Corporation Name
INDEPENDENT BANK OF OCALA

Principal Place of Business	Mailing Address
60 SOUTHWEST 17TH STREET BOX 2900 OCALA FL 32678	60 SOUTHWEST 17TH STREET BOX 2900 OCALA FL 32678

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 04/11/1994

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: 59-2856255 ☐ 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

NOT REQUIRED PURSUANT
TO CHAPTER 607.034 (2)
FLORIDA STATUES FL

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 _____ 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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	ETHERIDGE, FRANK R.	1.2 NAME	
STREET ADDRESS	17 SOUTH WESTMORELAND DR.	1.3 STREET ADDRESS	803 Lake Adair Blvd.N.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DETERS, CHARLES H.	2.2 NAME	
STREET ADDRESS	2701 TURKEYFOOT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCLELLAN, WILLIAM B.	3.2 NAME	
STREET ADDRESS	1807 S.E. 8TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	GADD, BILLY G.	4.2 NAME	
STREET ADDRESS	1147 S.E. 14TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TUTEN, J. LAMAR	5.2 NAME	
STREET ADDRESS	1808 S.E. 7TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	SEVP	6.1 TITLE	EVP/Cashier ☒ Change ☐ Addition
NAME	RICHELL, BRADLEY E. -- no longer with the above.	6.2 NAME	Hunt, John R.
STREET ADDRESS	1401 S.W. 23RD PL.	6.3 STREET ADDRESS	1601 S.W. 27th Ave.#2901
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, FL 34474

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: John R. Hunt JOHN R. HUNT 2/9/95 (904) 622-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0353546 CP

STATE OF FLORIDA
CORPORATION ANNUAL REPORT
1995
INDEPENDENT BANK OF OCALA

#12. continued:

Title	D
Name	Grubbs, Claude R.
Street Address	4110 S.E. 5th St.
City-St-Zip	Ocala, FL 34471

Title	D/President
Name	Ellinor, Robert A.
Street Address	1911 Twin Bridge Circle
City-St-Zip	Ocala, FL 34471

Title	D
Name	Peterson, John L.
Street Address	4747 S.W. 60th Ave.
City-St-Zip	Ocala, FL 34481

Title	D
Name	Webb, Michael J.
Street Address	2415 S.E. 13th St.
City-St-Zip	Ocala, FL 34471

Title	D
Name	Slaughter, Lanford T.
Street Address	44 S.E. 16th Ave.
City-St-Zip	Ocala, FL 34480