FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/24/1987	3a. Date of Last Report: 02/14/1995
21	26	4. FEI Number: 59-2856255	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. XX 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: _____ (If changing Registered Agent, Signature of New Registered Agent required) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ETHERIDGE, FRANK R.		1.2 NAME		
STREET ADDRESS	803 LAKE ADAIR BLVD. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	EVPC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUNT, JOHN R.		6.2 NAME		
STREET ADDRESS	1601 S. W. 27TH AVE. #2901		6.3 STREET ADDRESS	8201 S.E. 7th Ave. Rd.	
CITY-ST-ZIP	OCALA FL		6.4 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 119.07(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 (352)622-2377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

STATE OF FLORIDA
CORPORATION ANNUAL REPORT
1996
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