

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 # **846652** (6)

1. Corporation Name
ESCAMBIA COUNTY BANK, INCORPORATED



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

3. Date Incorporated or Qualified **08/04/1980** 3a. Date of Last Report **01/18/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 63-0068160	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		8.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent

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

10. Name and Address of New 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 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: *R.J. Stuckey, Jr.* **R.J. Stuckey, Jr. - Director** February 15, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	
NAME	JONES, JAMES R.	1.2 NAME	
STREET ADDRESS	BOX 594, HWY. 31 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	FLOMATON AL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	SCOTT, NETTIE	2.2 NAME	
STREET ADDRESS	BOX 643, 203 STATELINE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FLOMATON AL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	V
NAME		3.2 NAME	Charles J. McCutchin
STREET ADDRESS		3.3 STREET ADDRESS	3859 Old Atmore Road
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Flomaton AL 36441
TITLE		4.1 TITLE	D/V
NAME		4.2 NAME	Walter A. DeWitt
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 1134
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Flomaton AL 36441
TITLE		5.1 TITLE	D/S
NAME		5.2 NAME	Ruth George
STREET ADDRESS		5.3 STREET ADDRESS	554 Dogwood Road
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Brewton AL 36426
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *James R. Jones* (334) 296-5356 February 15, 1996

CR2E034 (12/95)