

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **J83016**

(2)

1. Corporation Name

**INDEPENDENT BANK OF OCALA**

Principal Place of Business

**60 SOUTHWEST 17TH STREET  
BOX 2800  
OCALA FL 32678**

Mailing Address

**60 SOUTHWEST 17TH STREET  
BOX 2800  
OCALA FL 34478-2800**



3. Date Incorporated or Qualified  
**12/24/1987**

3a. Date of Last Report  
**01/26/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 STATUTES 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                |                                 |
|-----------------|--------------------------------|---------------------------------|
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>ETHERIDGE, FRANK R.</b>     |                                 |
| STREET ADDRESS  | <b>803 LAKE ADAIR BLVD. N.</b> |                                 |
| CITY - ST - ZIP | <b>ORLANDO FL</b>              |                                 |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>DETERS, CHARLES H.</b>      |                                 |
| STREET ADDRESS  | <b>2701 TURKEYFOOT RD.</b>     |                                 |
| CITY - ST - ZIP | <b>COVINGTON KY</b>            |                                 |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>MCCLELLAN, WILLIAM B.</b>   |                                 |
| STREET ADDRESS  | <b>1807 S.E. 8TH ST.</b>       |                                 |
| CITY - ST - ZIP | <b>OCALA FL</b>                |                                 |
| TITLE           | <b>CD</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>GADD, BILLY G.</b>          |                                 |
| STREET ADDRESS  | <b>1147 S.E. 14TH ST.</b>      |                                 |
| CITY - ST - ZIP | <b>OCALA FL</b>                |                                 |
| TITLE           | <b>D</b>                       | <input type="checkbox"/> DELETE |
| NAME            | <b>TUTEN, J. LAMAR</b>         |                                 |
| STREET ADDRESS  | <b>1808 S.E. 7TH ST.</b>       |                                 |
| CITY - ST - ZIP | <b>OCALA FL</b>                |                                 |
| TITLE           | <b>EVPC</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>HUNT, JOHN R.</b>           |                                 |
| STREET ADDRESS  | <b>8201 SE 7TH AVE., RD</b>    |                                 |
| CITY - ST - ZIP | <b>OCALA FL</b>                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP | <b>32804</b>                                                                 |
| 2.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP | <b>41017</b>                                                                 |
| 3.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP | <b>34471</b>                                                                 |
| 4.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP | <b>34471</b>                                                                 |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP | <b>34471</b>                                                                 |
| 6.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP | <b>34480</b>                                                                 |

14. I do 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: *John R. Hunt* *John R. Hunt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 (352) 622-3040

Date

Daytime Phone #

CR2E034 (9/96)

Florida Department of State:

1997 Profit Corporation Annual Report Packet cont.:  
Independent Bank of Ocala

#12. continued....

D  
Grubbs, Claude R.  
23660 N.E. 124th Pl.  
Salt Springs, FL 32134

President/CEO/D  
Ellinor, Robert A.  
1911 Twin Bridge Circle  
Ocala, FL 34471

D  
Peterson, John L.  
4747 S.W. 60th Ave.  
Ocala, FL 34481

D  
Webb, Michael J.  
2415 SE 13th Street  
Ocala, FL 34471

D  
Slaughter, Lanford T.  
1458 SW 42nd St.  
Ocala, FL 34474