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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441
Mailing Address: P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441-0601

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1980	3a. Date of Last Report 02/21/1996
21. Suite, Apt. # etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 63-0068160	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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
			FL	

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES R.	1.2 NAME	
STREET ADDRESS	BOX 594, HWY. 31 SOUTH	1.3 STREET ADDRESS	Box 594, 89 Red Maple Drive
CITY - ST - ZIP	FLOMATON AL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHIN, CHARLES J.	3.2 NAME	
STREET ADDRESS	3859 OLD ATMORE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FLOMATON AL	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, WALTER A.	4.2 NAME	
STREET ADDRESS	PO BOX 1134	4.3 STREET ADDRESS	222 Red Maple Drive
CITY - ST - ZIP	FLOMATON AL	4.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, RUTH	5.2 NAME	
STREET ADDRESS	554 DOGWOOD RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BREWTON AL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* DATE: DAYTIME PHONE #

CR2E034 (9/96)