

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

FILED

Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846652** (6)

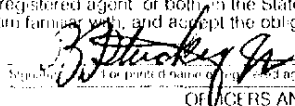
1. Corporation Name  
**ESCAMBIA COUNTY BANK, INCORPORATED**

Principal Place of Business <b>P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441</b>	Mailing Address <b>P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441-0601</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1980</b>	3a. Date of Last Report <b>02/21/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number <b>63-0068160</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>STUCKEY, R.J. JR. 750 BRIGGS BLVD. CENTURY FL 32535</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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: 		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PC	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	JONES, JAMES R.		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	BOX 594, HWY. 31 SOUTH		1.2 NAME		
CITY-ST-ZIP	FLOMATON AL		1.3 STREET ADDRESS	<b>Box 594, 89 Red Maple Drive</b>	
TITLE	V	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	SCOTT, NETTIE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	BOX 643, 203 STATELINE RD		2.2 NAME		
CITY-ST-ZIP	FLOMATON AL		2.3 STREET ADDRESS		
TITLE	V	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	MCCUTCHIN, CHARLES J.		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3859 OLD ATMORE ROAD		3.2 NAME		
CITY-ST-ZIP	FLOMATON AL		3.3 STREET ADDRESS		
TITLE	DV	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	DEWITT, WALTER A.		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 1134		4.2 NAME		
CITY-ST-ZIP	FLOMATON AL		4.3 STREET ADDRESS	<b>222 Red Maple Drive</b>	
TITLE	DS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	GEORGE, RUTH		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	554 DOGWOOD RD		5.2 NAME		
CITY-ST-ZIP	BREWTON AL		5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			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:  **RECORDED**

Date Daytime Phone #

0499400

CR2E034 (9/96)