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Apr 25 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 # **P96000062015 (8)**

1. Corporation Name
DESTIN BANCSHARES, INC.

Principal Place of Business	Mailing Address
125 MAIN ST **DESTIN FL 32541-2501**	**125 MAIN ST** **DESTIN FL 32541-2501**

3. Date Incorporated or Qualified: **07/22/1996** | 3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 59-3408180 ☐ 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

BURGE, FRANK
125 MAIN ST
DESTIN FL 32541-2501

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] Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME		1.2 NAME	EASTERLY, EDWARD Y. JR.
STREET ADDRESS		1.3 STREET ADDRESS	151 W. COUNTRY CLUB DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	☐ DELETE	2.1 TITLE	D. ☐ Change ☒ Addition
NAME		2.2 NAME	WILSON, DEWEY C. JR.
STREET ADDRESS		2.3 STREET ADDRESS	RT 3. BOX 74
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	☐ DELETE	3.1 TITLE	D. ☐ Change ☒ Addition
NAME		3.2 NAME	CLAY, RONNY A.
STREET ADDRESS		3.3 STREET ADDRESS	705 GULFSHORE DR #104
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	☐ DELETE	4.1 TITLE	PCD ☐ Change ☒ Addition
NAME		4.2 NAME	BURGE, FRANK
STREET ADDRESS		4.3 STREET ADDRESS	2957 E HWY 30A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANTA ROSA BCH, FL 32459
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	YOUNG, THELBERT
STREET ADDRESS		5.3 STREET ADDRESS	526 BAYVIEW ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	STEPHEN C. RIGGS
STREET ADDRESS		6.3 STREET ADDRESS	8 SHADY LANE DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MARY ESTHER, FL 32569

CR2E034 (9/96)

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

0488126