

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11879

Entity Name: FIVE FLAGS BANKS, INC.**Current Principal Place of Business:**4093 BARRANCAS AVE.
PENSACOLA, FL 32507**Current Mailing Address:**P.O. BOX 4877
PENSACOLA, FL 32507**FEI Number:** 59-2370635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KILPATRICK, MARTHA S
1838 HOLLYHILL RD
PENSACOLA, FL 32526 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name JONES, RAYMOND H
Address 9548 VILLAS DR
City-State-Zip: FOLEY AL 36535-9219

Title VPD
Name MAIR, DONNA
Address 585 WINDROSE
City-State-Zip: PENSACOLA FL 32507

Title SD
Name HESS, MARILYN W
Address 500 SO PALAFOX ST SUITE 200
City-State-Zip: PENSACOLA FL 32502

Title TD
Name KILPATRICK, MARTHA S
Address 1838 HOLLYHILL RD
City-State-Zip: PENSACOLA FL 32526

Title D
Name WOODBURY, WILLIAM P
Address 920 FAIRWAY DR
City-State-Zip: PENSACOLA FL 32507

Title D
Name RUSSO, GAIL E
Address 403 GIBBS ROAD
City-State-Zip: PENSACOLA FL 32507

Title D
Name PALMER, PERRY
Address 4140 BRIGHTON DRIVE
City-State-Zip: PENSACOLA FL 32504-4925

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA S KILPATRICK**TREASURER****03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date