

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846652

**Entity Name:** ESCAMBIA COUNTY BANK, INCORPORATED

**Current Principal Place of Business:**

2151 RINGOLD STREET  
FLOMATON, AL 36441

**Current Mailing Address:**

P.O. BOX 601  
2151 RINGOLD ST  
FLOMATION, AL 36411

**FEI Number:** 63-0068160

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCANN II, WILLIAM A  
1501 WEST HIGHWAY 4  
CENTURY, FL 32535 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 CHAIRMAN, DIRECTOR  
Name JONES, JAMES R  
Address 89 RED MAPLE DR, BOX 594  
City-State-Zip: FLOMATON AL

Title D  
Name SCOTT, NETTIE  
Address 203 STATELINE ROAD  
City-State-Zip: FLOMATON AL

Title PRESIDENT, DIRECTOR  
Name MCCUTCHIN, CHARLES J  
Address 3859 OLD ATMORE ROAD  
City-State-Zip: FLOMATON AL

Title DV  
Name DEWITT, WALTER A  
Address 222 RED MAPLE DR  
City-State-Zip: FLOMATON AL

Title V  
Name HENDRICKS, GEORGE  
Address 3023 HENDRICKS EMMONS ROAD  
City-State-Zip: BREWTON AL

*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: JAMES R JONES**

**CHAIRMAN**

**05/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date