

**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  
FLOMATON, 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