Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** 

Electronic Signature of Registered Agent

Title	V	Title	S	
Name	HOUSER, JOHN C	Name	PITTS, WANDA D	
Address	109 HILLCREST COURT	Address	1312 ASHANTILLY RD SE	
City-State-Zip:	ST. SIMONS ISLAND GA 31522	City-State-Zip:	DARIEN GA 31305	
Title	DCOO	Title	P, D, CFO	
Title Name	DCOO BEASLEY, ALYSON G	Title Name	P, D, CFO TORBERT, DONALD J JR.	
			, ,	
Name	BEASLEY, ALYSON G	Name	TORBERT, DONALD J JR.	

# **Current Mailing Address:** P.O. BOX 455

1010 NORTH WAY ST DARIEN, GA 31305 US

# FEI Number: 58-0214350

SIGNATURE: LORRA A BRITT

# Name and Address of Current Registered Agent:

BRITT, LORRA A 542238 US HWY 1 P. O. BOX 583 CALLAHAN, FL 32011 US

DOCUMENT# F98000003895

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

### Entity Name: SOUTHEASTERN BANK

### **Current Principal Place of Business:**

1010 NORTH WAY ST DARIEN, GA 31305

Certificate of Status Desired: No

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.

	HOUSER, JOHN C	Name	FITTS, WANDA D
	109 HILLCREST COURT	Address	1312 ASHANTILLY RD SE
Zip:	ST. SIMONS ISLAND GA 31522	City-State-Zip:	DARIEN GA 31305
	DCOO	Title	P, D, CFO
	Deede		
	BEASLEY, ALYSON G	Name	TORBERT, DONALD J JR.
	1545 ATWOOD RD SE	Address	112 WORTHING RD
Zip:	TOWNSEND GA 31331	City-State-Zip:	ST. SIMONS ISLAND GA 31522

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: WANDA D. PITTS

SECRETARY

01/26/2022

01/26/2022

Date

Date