

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003895

Entity Name: SOUTHEASTERN BANK**Current Principal Place of Business:**1010 NORTH WAY ST
DARIEN, GA 31305**Current Mailing Address:**P.O. BOX 455
1010 NORTH WAY ST
DARIEN, GA 31305 US**FEI Number:** 58-0214350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIS, SUZANNE L
463128 STATE ROAD 200
YULEE, FL 32097 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:** SUZANNE L. WILLIS

01/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HOLLAND , CORNELIUS P III
Address 253 SAINT JAMES AVE
City-State-Zip: ST. SIMONS ISLAND GA 31522

Title V
Name HOUSER, JOHN C
Address 109 HILLCREST COURT
City-State-Zip: ST. SIMONS ISLAND GA 31522

Title S
Name PITTS, WANDA D
Address 1312 ASHANTILLY RD SE
City-State-Zip: DARIEN GA 31305

Title DCOO
Name BEASLEY, ALYSON G
Address 1545 ATWOOD RD SE
City-State-Zip: TOWNSEND GA 31331

Title CFO
Name TORBERT, DONALD J JR.
Address 112 WORTHING RD
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**

01/19/2016

Electronic Signature of Signing Officer/Director Detail

Date