FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003031 (2)

1. Corporation Name

BANK OF MADISON COUNTY

Principal Place of Business	Mailing Address
314 S.W. HORRY STREET P.O. BOX 419 MADISON FL 32340-0419	314 S.W. HORRY STREET P.O. BOX 419 MADISON FL 32340-0419

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1905
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-0153910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, O. WAYNE
314 SW HORRY ST
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C/D ☐ Change ☒ Addition
NAME	CRUCE, A J JR	1.2 NAME	Browning, Edwin B., Jr.
STREET ADDRESS	SR 221	1.3 STREET ADDRESS	901 W. Base St.
CITY-ST-ZIP	GREENVILLE FL	1.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	CANTEY, P S JR	2.2 NAME	Davis, J. B., Jr.
STREET ADDRESS	1508 E BASE ST	2.3 STREET ADDRESS	420 Lakeshore Drive
CITY-ST-ZIP	MADISON FL	2.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	D	3.1 TITLE	P/D ☐ Change ☒ Addition
NAME	REAMS, PATRICIA M	3.2 NAME	O. Wayne Clark
STREET ADDRESS	N SR 221	3.3 STREET ADDRESS	Rt. 2, Box 1323 "NA"
CITY-ST-ZIP	GREENVILLE FL	3.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	SULLIVAN, W L	4.2 NAME	Ashley, J. G., Jr.
STREET ADDRESS	S HIGHWAY 53	4.3 STREET ADDRESS	403 N. Range St.
CITY-ST-ZIP	MADISON FL	4.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	VALENTINE, BOB J	5.2 NAME	Beggs, T. J., III
STREET ADDRESS	200 NW 1ST PLACE	5.3 STREET ADDRESS	301 N. Orange St.
CITY-ST-ZIP	MADISON FL	5.4 CITY-ST-ZIP	Madison, FL 32340
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	WEBB, VERNAL A	6.2 NAME	Burnett, M. C.
STREET ADDRESS	RT 2 BOX 30 NA	6.3 STREET ADDRESS	SR 221
CITY-ST-ZIP	MADISON FL	6.4 CITY-ST-ZIP	Greenville, FL 32331

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: O. Wayne Clark 3/14/95 904/973-4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

O. Wayne Clark

0400740 FP