2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-15-2004 90170 001 ***300.00
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TALLAHASSEE, FLORIDA

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DOCUMENT # 003153

1. Entity Name
THE BANK OF BONIFAY

Principal Place of Business	Mailing Address
224 N WAUKESHA ST BONIFAY FLA, 32425-2244	PO BOX 65 BONIFAY, FL 32425

2. Principal Place of Business	3. Mailing Address
300 N. WAUKESHA ST	PO BX65
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonifay, FL	City & State: Bonifay, FL
Zip: 32425 Country: USA	Zip: 32425 Country: USA

01082004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-0153840 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEDLEY, MICHAEL A 224 N. NAUKESHA ST BONIFAY, FL 32425	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Guy F Medley, VICE CHAIRMAN DATE: 02-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MEDLEY, GUY F 224 N NAKESHA ST BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD BELL III, HARRY B. 224 N WAUKESHA ST BONIFAY, FL 32425	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOC MEDLEY, MICHAEL A 224 N WAUKESHA ST BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAMES, BRIAN K 224 N WAUKESHA ST BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURANT, DENNIS 224 N WAUKESHA ST BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, JIM 224 N WAUKESHA ST BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guy F Medley 02-25-04 (850)547-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #