


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003253 (2)
1. Corporation Name
NEWBERRY BANK

Principal Place of Business 25365 WEST NEWBERRY ROAD NEWBERRY FL 32669	Mailing Address 25365 WEST NEWBERRY ROAD NEWBERRY FL 32669
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/18/1906	
4. FEI Number 59-0153962		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent COWART, WILLIAM R 25365 WEST NEWBERRY ROAD NEWBERRY FL 32669				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	PAYTON, JAMES T JR	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	2014 TWIN BRIDGE COURT	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	OCALA FL 34471	2.1 TITLE		2.2 NAME	
TITLE	D	NAME	BISHOP, MARION L. SR.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	3411 NW 170 STREET	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	NEWBERRY FL 32669	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	CD	NAME	CUMMINGS, HOMER N	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	32 RAINTREE PLACE	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	JACKSON MS 39211	5.1 TITLE		5.2 NAME	
TITLE	D	NAME	HATHORN, WILLIAM E	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	1003 FRED STREET	6.1 TITLE		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	PRENTISS MS 39474	6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	D	NAME	WERSHOW, JONATHAN F				
STREET ADDRESS		STREET ADDRESS	RT. 1, BOX 25				
CITY - ST - ZIP		CITY - ST - ZIP	ALACHUA FL 32615				
TITLE	D	NAME	PAPE, MICHAEL E				
STREET ADDRESS		STREET ADDRESS	2351 SE 17 STREET				
CITY - ST - ZIP		CITY - ST - ZIP	OCALA FL 32671				

14. 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 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 if changed or on an attachment with an address

SIGNATURE:  James T. Payton, Jr 3/31/98 352-472-2162

CP2E034 (10/97)