

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

FILED

Mar 31 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 # 003287 1. Corporation Name APALACHICOLA STATE BANK	(0)
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Principal Place of Business 22 AVENUE E APALACHICOLA FL 32320	Mailing Address PO BOX 370 APALACHICOLA FL 32329 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1906	
21		26		4. FEI Number 59-0145250	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRYNJOLFSSON, BARRY 212 AVE C APALACHICOLA FL 32320		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLENDER, FARRIS V	1.2 NAME	Albert Bryant, Jr.
STREET ADDRESS	HWY. 67 NORTH	1.3 STREET ADDRESS	P. O. Box 543 56 School Road
CITY-ST-ZIP	CARRABELLE FL	1.4 CITY-ST-ZIP	Eastpoint, Fl 32328
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANDER, J.V.	2.2 NAME	Leon R. Bloodworth
STREET ADDRESS	999 BLFF ROAD	2.3 STREET ADDRESS	7th Street
CITY-ST-ZIP	APALACHICOLA FL	2.4 CITY-ST-ZIP	Apalachicola, Fl 32320
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULER, JAY A.	3.2 NAME	J. Gordon Shuler
STREET ADDRESS	146 AVE B	3.3 STREET ADDRESS	21st Ave.
CITY-ST-ZIP	APALACHICOLA FL	3.4 CITY-ST-ZIP	Apalachicola, Fl 32320
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANDER, J V	4.2 NAME	C. W. Randolph, Jr.
STREET ADDRESS	999 BLUFF ROAD	4.3 STREET ADDRESS	1174 Shipwatch Drive
CITY-ST-ZIP	APALACHICOLA FL	4.4 CITY-ST-ZIP	Jacksonville, Fl 32225
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, AARON	5.2 NAME	
STREET ADDRESS	HWY 98 75TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, C W	6.2 NAME	
STREET ADDRESS	216 AVE C	6.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	6.4 CITY-ST-ZIP	

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: _____

CR2E034 (10/97)