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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90238 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003287

1. Corporation Name

APALACHICOLA STATE BANK



Principal Place of Business

**22 AVENUE E
APALACHICOLA FL 32320**

Mailing Address

**PO BOX 370
APALACHICOLA FL 32329
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1906

4. FEI Number

59-0145250

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**BRYNJOLFSSON, BARRY
212 AVE C
APALACHICOLA FL 32320**

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 607.1008, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLENDER, FARRIS V	
STREET ADDRESS	HWY. 67 NORTH	
CITY-ST-ZIP	CARRABELLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GANDER, J.V.	
STREET ADDRESS	999 BLFF ROAD	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, ALBERT J	
STREET ADDRESS	56 SCHOOL ROAD	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANDER, J V	
STREET ADDRESS	999 BLUFF ROAD	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, AARON	
STREET ADDRESS	HWY 98 75TH STREET	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOODWORTH, LEON R	
STREET ADDRESS	7TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32320	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shuler, J. Gordon	
1.3 STREET ADDRESS	100 21st Street	
1.4 CITY-ST-ZIP	Apalachicola, Fl 32320	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Randolph, C. W. Jr.	
2.3 STREET ADDRESS	1174 Shipwatch Drive	
2.4 CITY-ST-ZIP	Jacksonville, Fl 32225	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)