2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 003385

Entity Name: FARMERS AND MERCHANTS BANK

FILED Mar 19, 2004 Secretary of State

| 0 (D: : ID) (D : | | | | New Principal Place of Business | | | |
|--|--|------------------------------|---------|--|--|-------------------------------|-----|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | SHINGTON ST | REET | | | | | |
| P.O. BOX 3 MONTICEL | 40 LO, FL 323450 | 0340 US | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 200 E. WASHINGTON STREET P.O. BOX 340 MONTICELLO, FL 323450340 US | | | | | | | |
| FEI Number: | 59-0238640 | FEI Number Applied For () | FEI Num | nber Not Appli | cable () | Certificate of Status Desired | d() |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| | | | | | LOYD G HINGTON ST LO, FL 32344 | | |
| 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. | | | | | | | |
| SIGNATURE: LLOYD G.WRIGHT | | | | | | 03/19/2004 | |
| | Electronic | Signature of Registered Agen | ıt | | | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | | |
| | | . , | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | CD () E CARRAWAY JR, 3775 GREYFIELI TALLAHASSEE, F | DORIVE | | Title: Name: Address: City-St-Zip: | () |) Change()Addition | |
| Title: Name: Address: City-St-Zip: | VP () E SWORDS, SAND 120 COOPERS P MONTICELLO, FI | OND RD | | Title: Name: Address: City-St-Zip: | () |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | EVPD () E SIMS, R MICHAE 586 OLD LLOYD MONTICELLO, FI | ROAD | | Title: Name: Address: City-St-Zip: | EVPD (X) SIMS, R MICHA 25 TALLAMONT MONTICELLO, | T ROAD | |
| Title: Name: Address: City-St-Zip: | PD ()E WRIGHT, L G, OLD LLOYD ROA MONTICELLO, FI | | | Title: Name: Address: City-St-Zip: | () |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | V ()E WHEELER, T C, 1500 E PEARL S MONTICELLO, FI | | | Title: Name: Address: City-St-Zip: | SVP (X) IKNER, JERALI BUCK LAKE RO TALLAHASSEE | DAD | |
| Title: Name: Address: City-St-Zip: | SVP () E BOATWRIGHT, J 287 NASH ROAD LAMONT, FL 323 | | | Title: Name: Address: City-St-Zip: | () |) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MICHAEL SIMS EVP 03/19/2004