FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 21 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 003641 (8)

1. Corporation Name

GADSDEN STATE BANK

Principal Place of Business	Mailing Address
GADSDEN STATE BANK 124-126 W WASHINGTON ST P O BOX 5 CHATTAHOOCHEE FL 32324	GADSDEN STATE BANK 124-126 W WASHINGTON ST P O BOX 5 CHATTAHOOCHEE FL 32324

3. Date Incorporated or Qualified: 07/27/1907
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0258220 — 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. The corporation has liability for ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MANOR, JOHN W
4425 LAFAYETTE ST
MARIANNA FL 32446

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 607.1508, 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	D	1.1 TITLE	V ☐ Change ☒ Addition
NAME	EUBANKS, PAUL	1.2 NAME	Robert A. Jackson
STREET ADDRESS	907 CONCORD RD	1.3 STREET ADDRESS	4650 The Oaks Drive
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	V	2.1 TITLE	P ☐ Change ☒ Addition
NAME	MILLER, PAMELA A. DELETE	2.2 NAME	Steve Miller
STREET ADDRESS	2731 GARDENVIEW RF	2.3 STREET ADDRESS	4588 Oakwood Drive
CITY-ST-ZIP	ALFORD FL	2.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	V	3.1 TITLE	D/C ☐ Change ☒ Addition
NAME	JOHNS, ALICE JO	3.2 NAME	Lamar Massey
STREET ADDRESS	2534 FACEVILLE LANDING RD	3.3 STREET ADDRESS	110 Gulf Aire Drive
CITY-ST-ZIP	BAINBRIDGE ~~FLX~~ GA	3.4 CITY-ST-ZIP	Port St. Joe, FL 32456
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RAMSEY, WILL I.	4.2 NAME	
STREET ADDRESS	620 MORGAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOCHEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MANOR, JOHN W	5.2 NAME	
STREET ADDRESS	300 BALES DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, JOSEPH T.	6.2 NAME	
STREET ADDRESS	17 W. WASHINGTON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOCHEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: John W Manor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 17, 1995 (Date) 904-663-4054 (Daytime Phone #)

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