

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

FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003641 (8)

1. Corporation Name
GADSDEN STATE BANK



Principal Place of Business GADSDEN STATE BANK 124-126 W WASHINGTON ST CHATTAHOOCHEE FL 32324	Mailing Address GADSDEN STATE BANK 124-126 W WASHINGTON ST CHATTAHOOCHEE FL 32324-0005
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1907	3a. Date of Last Report 04/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0258220	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOT: Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ROBERT A.	1.2 NAME	Eubanks, Paul J.
STREET ADDRESS	4650 THE OAKS DRIVE	1.3 STREET ADDRESS	907 Concord Road
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEVE	2.2 NAME	
STREET ADDRESS	4588 OAKWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, LAMAR	3.2 NAME	
STREET ADDRESS	110 GULF AIRE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Robert A. Jackson* Robert A. Jackson, E.V.P. 1/30/97 904-663-4054

CR2E034 (9/96)