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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

DOCUMENT # 003641

(8)

1. Corporation Name

GADSDEN STATE BANK

Principal Place of Business

GADSDEN STATE BANK
124-126 W WASHINGTON ST
CHATTAHOOCHEE FL 32324

P O BOX 5

Mailing Address

GADSDEN STATE BANK
124-126 W WASHINGTON ST
CHATTAHOOCHEE FL 32324-0005

P O BOX 5



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MANOR, JOHN W
4425 LAFAYETTE ST
MARIANNA FL 32446

3. Date Incorporated or Qualified

07/27/1907

3a. Date of Last Report

04/15/1996

4. FEI Number

59-0258220

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

TITLE V ☐ DELETE

NAME JACKSON, ROBERT A.
STREET ADDRESS 4850 THE OAKS DRIVE
CITY-ST-ZIP MARIANNA FL

TITLE P ☐ DELETE

NAME MILLER, STEVE
STREET ADDRESS 4588 OAKWOOD DRIVE
CITY-ST-ZIP MARIANNA FL

TITLE DC ☐ DELETE

NAME MASSEY, LAMAR
STREET ADDRESS 110 GULF AIRE DRIVE
CITY-ST-ZIP PORT ST. JOE FL

TITLE D ☐ DELETE

NAME RAMSEY, WILL I.
STREET ADDRESS 620 MORGAN AVE
CITY-ST-ZIP CHATTAHOOCHEE FL

TITLE D ☐ DELETE

NAME MANOR, JOHN W
STREET ADDRESS 300 BALES DR
CITY-ST-ZIP MARIANNA, FL 00000

TITLE D ☐ DELETE

NAME BRADLEY, JOSEPH T.
STREET ADDRESS 17 W. WASHINGTON ST.
CITY-ST-ZIP CHATTAHOOCHEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Eubanks, Paul J.

1.3 STREET ADDRESS 907 Concord Road

1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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:

Robert A. Jackson, E.V.P.

1/30/97

904-663-4054

CR2E034 (9/96)