

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 003878 (6)
1. Corporation Name
QUINCY STATE BANK

Principal Place of Business 4 E. WASHINGTON ST. DRAWER 700 QUINCY FL 32351	Mailing Address 4 E. WASHINGTON ST. DRAWER 700 QUINCY FL 32353-0070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/20/1889 4. FEI Number 59-0413850 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BRANSON, W C "BUD"
4 EAST WASHINGTON ST
QUINCY FL 32351

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

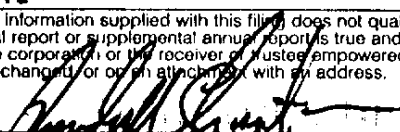
OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANSON, W.C.	
STREET ADDRESS	RT 3 BOX 2620	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, JOHN SHAW	
STREET ADDRESS	331 NORTH MONROE ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BREEDEN, JACK	
STREET ADDRESS	RT. 2, BOX 155	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CUMBIE, NESTA G.	
STREET ADDRESS	404 LIVE OAK LANE	
CITY-ST-ZIP	HAVANA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUDE, GEORGE T	
STREET ADDRESS	701 FIRST ST NE	
CITY-ST-ZIP	HAVANA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHARPTON, RANDALL	
STREET ADDRESS	RT. 3, BOX 1911	
CITY-ST-ZIP	QUINCY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

SIGNATURE:



4-30-98

CR2E034 (10/97)