

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90215 029 ***150.00

DOCUMENT # 003878

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1889

4. FEI Number

59-0413850

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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
MARK J. LANE

82 Street Address (P.O. Box Number is Not Acceptable)
RT. 2 BOX 187 D

83

84 City
QUINCY

FL 85 Zip Code
32351

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 PD ☒ DELETE
NAME BRANSON, W.C.
STREET ADDRESS RT 3 BOX 2620
CITY-ST-ZIP QUINCY FL

TITLE D ☐ DELETE
NAME CURRY, JOHN SHAW
STREET ADDRESS 331 NORTH MONROE ST
CITY-ST-ZIP QUINCY FL

TITLE V ☐ DELETE
NAME BREEDEN, JACK
STREET ADDRESS RT. 2, BOX 155
CITY-ST-ZIP QUINCY FL

TITLE V ☒ DELETE
NAME CUMBIE, NESTA G.
STREET ADDRESS 404 LIVE OAK LANE
CITY-ST-ZIP HAVANA FL

TITLE V ☐ DELETE
NAME RUDE, GEORGE T
STREET ADDRESS 701 FIRST ST NE
CITY-ST-ZIP HAVANA FL

TITLE V ☐ 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 PD ☒ Change ☐ Addition
1.2 NAME MARK J. LANE
1.3 STREET ADDRESS RT. 2 BOX 187 D
1.4 CITY-ST-ZIP QUINCY, FL. 32351

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-99

850-875-1000

CR2E034 (11/98)

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