

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**  
03-12-2002 90265 016 \*\*\*150.00

1. Entity Name  
**QUINCY STATE BANK**

4 E. WASHINGTON ST.  
DRAWER 700  
QUINCY FK 32351

4 E. WASHINGTON ST.  
DRAWER 700  
QUINCY FL 32353-0070  
US

Country

Country

**59-0413850**

Not Applicable
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**\$8.75** Additional  
Fee Required

**7. Name and Address of New Registered Agent**

LANE, MARK J  
RT 2 BOX 187 D  
QUINCY FL 32351

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back). ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE	PD # 187 D	<input type="checkbox"/> Delete
NAME	LANE, MARK J	
STREET ADDRESS	RT 2 BOX 187 D	
CITY-ST-ZIP	QUINCY FL 32351	

TITLE	DR. JOHN SHAW	<input type="checkbox"/> Delete
NAME	CURRY, JOHN SHAW	
STREET ADDRESS	331 NORTH MONROE ST	
CITY-ST-ZIP	QUINCY FL	

TITLE	V	<input type="checkbox"/> Deleted
NAME	ROWAN, BRUCE	
STREET ADDRESS	436 N CALHOUN ST	
CITY-ST-ZIP	QUINCY IL 62430	

TITLE	VOLUNTARY	<input type="checkbox"/> Delete
NAME	SUNDAY, BRENDA	
STREET ADDRESS	729 SMITHTOWN RD.	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	

TITLE	VLMC BYEBA
NAME	SHARPTON, RANDALL
STREET ADDRESS	RT. 3, BOX 1911
CITY - ST - ZIP	QUINCY FL

☐ Delete

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 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 #

CR2E034 (9/01)