

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 004902 (3)
1. Corporation Name
SUN BANK/NORTH CENTRAL FLORIDA

95 FEB 10 AM 11:52

Principal Place of Business Mailing Address
203 E SILVER SPRINGS BLVD 203 E SILVER SPRINGS BLVD
POST OFFICE BOX 310 POST OFFICE BOX 310
OCALA FL 32678 Ocala FL 32678

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1910	3a. Date of Last Report 02/14/1994
21		26		4. FEI Number 59-0202470	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 34478	25 Country	29 Zip 34478	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				10. Name and Address of New Registered Agent			
CROSBY, KEITH 203 E. SILVER SPRINGS BLVD. OCALA FL 32670				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				B5	Zip Code		
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WILLIAM J	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 310	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROULL, JAMES E JR.	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 310	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JIMMY O	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 2848	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, JAMES R	4.2 NAME	
STREET ADDRESS	2017 SE 8TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, WILLIAM B	5.2 NAME	
STREET ADDRESS	1331 SE 5TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, BEN O III	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 275	6.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: William J. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sun Bank/North Central Florida

Additions to Officers and directors in item #12

The following is a complete listing of all Sun Bank/North Central Florida directors as well as key officers. If additional information is required, please advise.

D- Mr. Edward O. Baur
10416 NW 18th Avenue
Gainesville, FL 32606

D- Mr. Scottie Butler
5521 SW 35th Way
Gainesville, FL 32608

D- Mr. Thomas J. Cone
2405 NW 23rd Terrace
Gainesville, FL 32605

D- Dr. Edward M. Copeland, III
2605 NW 7th Road
Gainesville, FL 32607

D- Dr. Richard W. Cunningham
6231 SW 37th Way
Gainesville, FL 32608

D- Mr. Craig Curry
2110 SE 13th Street
Ocala, FL 34471

C/CEO/D- Mr. William H. Evans
203 E. Silver Springs Blvd.
Ocala, FL 34470

D- Mr. Ben O. Franklin, III
3010 SW 70th Lane
Gainesville, FL 32608-5216

D- Mr. James H. Greene
2613 NW 24th Terrace
Gainesville, FL 32605

D- Mr. Samuel N. Holloway
6509 SW 37th Way
Gainesville, FL 32608

D- Dr. Christopher M. James
2705 NW 23rd Terrace
Gainesville, FL 32605

D- Mr. James R. Jernigan
2017 SE 8th Street
Ocala, FL 34471

D- Mr. J. Michael O'Farrell, Jr.
PO Box 818
Ocala, FL 34478-0818
(No physical address avail.)

D- Mr. Charles R. Perry
13306 NW 49th Avenue
Gainesville, FL 32609

D- Mr. William B. Ray
1331 SE 5th Street
Ocala, FL 34471

D- Mr. Davis M. Rembert
6308 SW 37th Way
Gainesville, FL 32608

P/D- Mr. James E. Sproull, Jr.
203 E. Silver Springs Blvd.
Ocala, FL 34470

D- Mr. James H. Williams
PO Box 2077
Ocala, FL 34478-2077
(No physical address avail.)

D- Mr. Jimmy O. Williams
PO Box 2848
Orlando, FL 32802
(No physical address avail.)

D- Mr. Robert L. Woody
608 SE 12th Street
Gainesville, FL 32601