

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 004947 (8)

1. Corporation Name

BRANFORD STATE BANK



Principal Place of Business

**814 SUWANNEE AVENUE
PO BOX 447
BRANFORD FL 32008**

Mailing Address

**814 SUWANNEE AVENUE
PO BOX 447
BRANFORD FL 32008**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/07/1911

3a. Date of Last Report

01/19/1995

4. FEI Number

59-0172910

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 resigning)

DAT:

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**CEO
BRADLEY, CLIFTON E
814 SUWANNE AV
BRANFORD FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
PHILLIPS, A. JACK
401 WHITE ST.
BRANFORD FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SMITH, ROBERT HILL
1001 GARDENIA DR.
TALLAHASSEE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
MANGELS, HENRY
RT 1
BRANFORD FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AVP
MCMULLEN, L.L. JR.
HILLCREST SUBDIVISION
BRANFORD FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BARRON THOMAS A
216 S MAGNOLIA DR
TALLAHASSEE FL**

☐ DELETE

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996

Date: (Type or Print Name)

CR2E034 (12/95)