FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:29

DOCUMENT # **005292** **(8)**

1. Corporation Name
FARMERS AND DEALERS BANK

Principal Place of Business	Mailing Address
300 WEST MAIN STREET LAKE BUTLER FL 32054 US	300 WEST MAIN ST. P.O.BOX 350 LAKE BUTLER FL 32054 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/04/1911**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business — 21, Suite, Apt. #, etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

4. FEI Number: **59-0238515** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIHERD, PAUL M.
300 WEST MAIN STREET
FARMERS & DEALERS BANK
LAKE BUTLER FL 32054

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	HALL, LARRY T	12 NAME	
STREET ADDRESS	174 TURKEY CREEK	13 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DRIGGERS, ROBERT A	22 NAME	
STREET ADDRESS	250 N.W. 3RD ST	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	RIHERD, PAUL M	32 NAME	
STREET ADDRESS	311 NE 2ND ST	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	RIHERD, THOMAS M. II	42 NAME	
STREET ADDRESS	RT. 3 BOX 1543-H	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, FRANCES	52 NAME	
STREET ADDRESS	380 S. LAKE AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RIHERD, MARTHA C	62 NAME	
STREET ADDRESS	311 NE 2ND ST	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	64 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)(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: Paul M. Riherd 1-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0006069 CP