

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 358  
LAKE BUTLER FL 32054  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/04/1911

3a. Date of Last Report

01/20/1995

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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

V  
NAME: HALL, LARRY T  
STREET ADDRESS: 174 TURKEY CREEK  
CITY-STATE-ZIP: ALACHUA FL

TITLE ☐ DELETE

D  
NAME: DRIGGERS, ROBERT A  
STREET ADDRESS: 250 N.W. 3RD ST  
CITY-STATE-ZIP: LAKE BUTLER, FL 00000

TITLE ☐ DELETE

CD  
NAME: RIHERD, PAUL M  
STREET ADDRESS: 311 NE 2ND ST  
CITY-STATE-ZIP: LAKE BUTLER, FL 00000

TITLE ☐ DELETE

PD  
NAME: RIHERD, THOMAS M. II  
STREET ADDRESS: RT. 3 BOX 1543-H  
CITY-STATE-ZIP: LAKE BUTLER, FL 00000

TITLE ☒ DELETE

DS  
NAME: WHITE, FRANCES  
STREET ADDRESS: 380 S. LAKE AVE.  
CITY-STATE-ZIP: LAKE BUTLER, FL 00000

TITLE ☐ DELETE

D  
NAME: RIHERD, MARTHA C  
STREET ADDRESS: 311 NE 2ND ST  
CITY-STATE-ZIP: LAKE BUTLER, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

D  
Thomas C. Spires  
430 N E 3rd Street  
Lake Butler, FL 32054

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:

Thomas M. Riherd II, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

(904) 496-2101

Date

Daytime Phone #

CR2E034 (12/95)