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
95 JAN 23 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 005305 (8)

1. Corporation Name
FARMERS & MERCHANTS BANK OF TRENTON

Principal Place of Business	Mailing Address
109 WEST WADE STREET P. O. BOX 476 TRENTON FL 32693	109 WEST WADE STREET P. O. BOX 476 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1911
3a. Date of Last Report: 01/25/1994

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

4. FEI Number: 59-0238650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $0.75 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

OSTEEN, H. E.
109 W WADE ST
TRENTON FL 32693

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	OSTEEN, H E	12 NAME	H. E. Lancaster, Jr.	
STREET ADDRESS	COUNTY ROAD 337 S.	13 STREET ADDRESS	County Road 307-A	
CITY-ST-ZIP	BRONSON, FL 32621	14 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	~~D~~	21 TITLE		☒ Change ☐ Addition
NAME	~~GRAHAM, F F~~	22 NAME	F. F. Graham	Delete
STREET ADDRESS	~~2ND STREET N E~~	23 STREET ADDRESS		Retired
CITY-ST-ZIP	~~TRENTON, FL 32693 0~~	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	BRADLEY, CLIFTON E.	32 NAME	B. Reese Rowland	
STREET ADDRESS	HIGHWAY 26	33 STREET ADDRESS	Route 3	
CITY-ST-ZIP	TRENTON, FL 00000	34 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MOON, ELIZABETH S	42 NAME		
STREET ADDRESS	HIGHWAY 129	43 STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693 0	44 CITY-ST-ZIP		
TITLE	C/D	51 TITLE		☐ Change ☐ Addition
NAME	SMITH, WILLIAM G JR	52 NAME		
STREET ADDRESS	217 N MONROE STREET	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	TROKE, JIMMIE	62 NAME		
STREET ADDRESS	STATE ROAD 26 EAST	63 STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32693	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 13A changed by this attachment with an address.

SIGNATURE: H. E. Osteen H. E. Osteen Jan. 17, 1995 (904) 463-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0413074 FP