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 # **005305** **(8)**

1. Corporation Name

FARMERS & MERCHANTS BANK OF TRENTON

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

Mailing Address
109 WEST WADE STREET
P. O. BOX 476
TRENTON FL 32693

3. Date Incorporated or Qualified: 09/15/1911
3a. Date of Last Report: 01/23/1995

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: 59-0238650 — 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**

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LANCASTER, H.E. J	
STREET ADDRESS	COUNTY ROAD 307-A	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	☐ DELETE
NAME	BRADLEY, CLIFTON E.	
STREET ADDRESS	HIGHWAY 26	
CITY-ST-ZIP	TRENTON, FL 00000	
TITLE	D	☒ DELETE
NAME	MOON, ELIZABETH S	
STREET ADDRESS	HIGHWAY 129	
CITY-ST-ZIP	TRENTON, FL 32693 0	
TITLE	C/D	☐ DELETE
NAME	SMITH, WILLIAM G JR	
STREET ADDRESS	217 N MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	TROKE, JIMMIE	
STREET ADDRESS	STATE ROAD 26 EAST	
CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	PD	☐ DELETE
NAME	OSTEEN, HE	
STREET ADDRESS	COUNTY ROAD 337 S.	
CITY-ST-ZIP	BRONSON FL 32621	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Rowland, B. Reese	
1.3 STREET ADDRESS	2030 SW 100th Street	
1.4 CITY-ST-ZIP	Trenton, FL 32693	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: H. E. Osteen, H. E. Osteen — 1/25/96 — (352) 463-2329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)