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

APPROVED AND FILED

95 JAN 27 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 005448 (6)

1. Corporation Name
COLUMBIA COUNTY BANK

Principal Place of Business	Mailing Address
127 W. HILLSBORO ST. PO BOX 1609 LAKE CITY FL 32055 US	127 W. HILLSBORO STREET P.O. BOX 1609 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1912
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-0201970 ☐ 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

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

9. Name and Address of Current Registered Agent

GREEN,ROBERT L
1126 S CHURCH ST
LAKE CITY FL 32055

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	D	1.1 TITLE	☐ Change ☒ Addition
NAME	PAGE, MARTIN S	1.2 NAME	VD
STREET ADDRESS	228 E DUVAL STREET	1.3 STREET ADDRESS	Green, Robin C.
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	118 Arredondo St. Lake City, Fla
TITLE	DC	2.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERS, GORDAN POWELL	2.2 NAME	
STREET ADDRESS	2551 CASTLE HGS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, GENEVIEVE S.	3.2 NAME	
STREET ADDRESS	9 DOUGLAS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	WITT, L THOMAS	4.2 NAME	Witt, L. Thomas
STREET ADDRESS	RT 13 BOX 455	4.3 STREET ADDRESS	Rt. 13 Box 455 DELETE
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	Lake City, Fla.
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, R L	5.2 NAME	
STREET ADDRESS	1126 S CHURCH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RONSONET, NORBIE	6.2 NAME	
STREET ADDRESS	2371 INGLEWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	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)(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: Robert L. Green Robert . Green 1-20-95 904-752-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006148 CP