

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 # 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



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

01/12/1912

3a. Date of Last Report

01/27/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 D ☐ DELETE
NAME PAGE, MARTIN S
STREET ADDRESS 228 E DUVAL STREET
CITY-ST-ZIP LAKE CITY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DC ☐ DELETE
NAME SUMMERS, GORDIAN P
STREET ADDRESS 2551 CASTLE HGS DR
CITY-ST-ZIP LAKE CITY FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Summers, Gordon P
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NELSON, GENEVIEVE S
STREET ADDRESS 9 DOUGLAS CIRCLE
CITY-ST-ZIP LAKE CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME GREEN, ROBIN C
STREET ADDRESS 118 ARREDONDO ST.
CITY-ST-ZIP LAKE CITY FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PD
4.3 STREET ADDRESS Green Robin C
4.4 CITY-ST-ZIP 2250 Inglewood Dr
Lake City FL

TITLE PD ☐ DELETE
NAME GREEN, R L
STREET ADDRESS 1126 S CHURCH ST
CITY-ST-ZIP LAKE CITY FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME DVC
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RONSONET, NORBIE
STREET ADDRESS 2371 INGLEWOOD DR
CITY-ST-ZIP LAKE CITY FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

(904) 752-5646

Daytime Phone #

CR2E034 (12/95)