
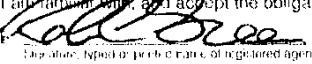
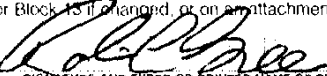


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 127 W. HILLSBORO ST. PO BOX 1609 LAKE CITY FL 32055 US		Mailing Address 127 W. HILLSBORO STREET P.O. BOX 1609 LAKE CITY FL 32055-2639	
2. Principal Place of Business 21 127 W. HILLSBORO ST. Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. BOX 1609 Suite, Apt. #, etc.	
22 City & State 23 LAKE CITY, FL.		27 City & State 28 LAKE CITY, FL.	
24 32055 25 COLUMBIA		29 32056 30 COLUMBIA	
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 GREEN, ROBIN C. 82 Street Address (P.O. Box Number is Not Acceptable) 2250 INGLEWOOD DR. 83 84 City LAKE CITY FL 85 Zip Code 32025	
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:  ROBIN C. GREEN PRESIDENT/DIRECTOR 4-4-97 <small>(Signature, typed or printed name of registered agent and block if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D PAGE, MARTIN S 228 E DUVAL STREET LAKE CITY FL <input type="checkbox"/> DELETE		1.1 TITLE DC SCAFF, LESTER 2200 E. DUVAL ST. LAKE CITY, FL. 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DC SUMMERS, GORDON P 2551 CASTLE HGS DR LAKE CITY FL <input checked="" type="checkbox"/> DELETE		2.1 TITLE D SUMMERS, GORDON P., JR. 101 LAKE VISTA LANE LAKE CITY, FL. 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D NELSON, GENEVEVE S 9 DOUGLAS CIRCLE LAKE CITY FL <input type="checkbox"/> DELETE		3.1 TITLE D RONALD R. FOREMAN RT. 8, BOX 874 LAKE CITY, FL. 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GREEN, ROBIN C 2250 INGLEWOOD DR LAKE CITY FL <input type="checkbox"/> DELETE		4.1 TITLE LAKE CITY, FL. 32055 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DVC GREEN, R L 1126 S CHURCH ST LAKE CITY FL <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D RONSONET, NORBIE 2371 INGLEWOOD DR LAKE CITY FL <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing 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:  ROBIN C. GREEN, PD 4-4-97 904-752-5646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (9/96)