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FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90067 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 005448

1. Corporation Name
COLUMBIA COUNTY BANK

Principal Place of Business

127 W. HILLSBORO ST.
LAKE CITY FL 32055
US

Mailing Address

PO BOX 1609
LAKE CITY FL 32056
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1912

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name

ROBIN C. GREEN

82 Street Address (P.O. Box Number is Not Acceptable)

127 WEST HILLSBORO ST

83

84 City

LAKE CITY

FL

85 Zip Code

32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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]

(NOTE: Registered Agent signature required when reinstating)

2/11/1999

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME SUMMERS, GORDON P
STREET ADDRESS 101 LAKE VISTA LN
CITY-ST-ZIP LAKE CITY FL

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

TITLE PD ☐ DELETE
NAME GREEN, ROBIN C
STREET ADDRESS 2250 INGLEWOOD DR
CITY-ST-ZIP LAKE CITY FL

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/1999

Date

(904) 752-5646

Daytime Phone #

CR2E034 (11/98)