

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # 006266 (1)

1. Corporation Name

THE PERKINS STATE BANK

Principal Place of Business

301 E NOBLE AVENUE
WILLISTON FL 32696

Mailing Address

301 E NOBLE AVENUE
WILLISTON FL 32696

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/29/1913

3a. Date of Last Report
02/16/1995

4. FEI Number
59-0399830

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

10. Name and Address of New Registered Agent

ETHERIDGE, G. FRANK
845 NW SECOND AVENUE
WILLISTON FL 32696

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PERKINS JR, ROY
NAME
STREET ADDRESS 306 NE 1ST AVE
CITY- ST- ZIP WILLISTON FL

☒ DELETE

TITLE D KNAUFF, JOSEPH F.
NAME
STREET ADDRESS 512 EAST NOBLE AVENUE
CITY- ST- ZIP WILLISTON FL

☐ DELETE

TITLE PD ETHERIDGE, G. FRANK
NAME
STREET ADDRESS 845 NW SECOND AVENUE
CITY- ST- ZIP WILLISTON FL

☐ DELETE

TITLE DVP BREEDEN, LOUISE B.
NAME
STREET ADDRESS US 41, ROUTE 4
CITY- ST- ZIP WILLISTON FL

☐ DELETE

TITLE D WHITEHURST JR, V.E.
NAME
STREET ADDRESS RT. 1 BOX 125
CITY- ST- ZIP WILLISTON FL

☐ DELETE

TITLE D WHITEHURST, DAN E
NAME
STREET ADDRESS RT 1
CITY- ST- ZIP WILLISTON FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Arthur Sandlin
1.3 STREET ADDRESS CR 343, Rt. 3, Box 1080
1.4 CITY- ST- ZIP Williston, FL 32696

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)