

**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 (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/29/1913**  
3a. Date of Last Report: **02/16/1995**  
4. FEI Number: **59-0399830**  
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  
**ETHERIDGE, G. FRANK  
845 NW SECOND AVENUE  
WILLISTON FL 32696**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (F.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERKINS JR, ROY	
STREET ADDRESS	306 NE 1ST AVE	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNAUFF, JOSEPH F.	
STREET ADDRESS	512 EAST NOBLE AVENUE	
CITY - ST - ZIP	WILLISTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ETHERIDGE, G. FRANK	
STREET ADDRESS	845 NW SECOND AVENUE	
CITY - ST - ZIP	WILLISTON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BREEDEN, LOUISE B.	
STREET ADDRESS	US 41, ROUTE 4	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITEHURST JR, V.E.	
STREET ADDRESS	RT. 1 BOX 125	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITEHURST, DAN E	
STREET ADDRESS	RT 1	
CITY - ST - ZIP	WILLISTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arthur Sandlin* 4/9/96 352-528-3101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)