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Feb 04 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 # 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 32696-2237

3. Date Incorporated or Qualified: 07/28/1913
3a. Date of Last Report: 04/12/1996
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

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: _____ (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	SANDLIN, ARTHUR	
STREET ADDRESS	CR 343, RT. 3, BOX 1080	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	DELETE
NAME	KNAUFF, JOSEPH F.	
STREET ADDRESS	512 EAST NOBLE AVENUE	
CITY - ST - ZIP	WILLISTON FL	
TITLE	PD	DELETE
NAME	ETHERIDGE, G. FRANK	
STREET ADDRESS	845 NW SECOND AVENUE	
CITY - ST - ZIP	WILLISTON FL	
TITLE	DVP	DELETE
NAME	BREEDEN, LOUISE B.	
STREET ADDRESS	US 41, ROUTE 4	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	DELETE
NAME	WHITEHURST JR, V.E.	
STREET ADDRESS	RT. 1 BOX 125	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	DELETE
NAME	WHITEHURST, DAN E	
STREET ADDRESS	RT 1	
CITY - ST - ZIP	WILLISTON FL	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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 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 registered 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: *G. Frank Etheridge* G. Frank Etheridge 1/3/97 (352)-528-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)