

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1913	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number 59-0399830	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLIN, ARTHUR	1.2 NAME	
STREET ADDRESS	CR 343, RT. 3, BOX 1080	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAUFF, JOSEPH F.	2.2 NAME	
STREET ADDRESS	512 EAST NOBLE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD ETHERIDGE, G. FRANK	3.2 NAME	
STREET ADDRESS	845 NW SECOND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP BREEDEN, LOUISE B.	4.2 NAME	
STREET ADDRESS	US 41, ROUTE 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WHITEHURST, DAN E	5.2 NAME	
STREET ADDRESS	RT 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Janice L. Carlisle
STREET ADDRESS		6.3 STREET ADDRESS	19150 SE 3rd St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Williston, FL 32696

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.

SIGNATURE: _____ **REQUIRED**

1/28/98

CR2E034 (10/97)