

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90253 016 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 006266

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1913

4. FEI Number
59-0399830

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$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
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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 Name

82 Street Address (P.O. Box Number is Not Acceptable)
14471 NE 20th St.

83

84 City
Williston

85 Zip Code
FL 32696

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" 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	18450 NE 60th St.
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAUFF, JOSEPH F.	2.2 NAME	Arnold, Betty
STREET ADDRESS	512 EAST NOBLE AVENUE	2.3 STREET ADDRESS	21251 NE 75th St.
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERIDGE, G. FRANK	3.2 NAME	P/C/D
STREET ADDRESS	845 NW SECOND AVENUE	3.3 STREET ADDRESS	14471 NE 20th St.
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEDEN, LOUISE B.	4.2 NAME	D
STREET ADDRESS	US 41, ROUTE 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST, DAN E	5.2 NAME	
STREET ADDRESS	RT 1	5.3 STREET ADDRESS	20551 NE 75th St.
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, JANICE L	6.2 NAME	
STREET ADDRESS	19150 SE 3RD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL 32696	6.4 CITY-ST-ZIP	

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]* DATE: 2/2/99 DAYTIME PHONE #: 352-528-3101

CR2E034 (11/98)