

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 006266

FILED
Sep 01, 2011
Secretary of State

Entity Name: THE PERKINS STATE BANK

Current Principal Place of Business:

342 E NOBLE AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

PO BOX 788
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-0399830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, FRANK
342 E NOBLE AVE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: ETHERIDGE, FRANK
Address: 14731 NE 20TH ST
City-St-Zip: WILLISTON, FL 32696

Title: EVP
Name: ETHERIDGE, TODD
Address: 14471 NE 20TH ST
City-St-Zip: WILLISTON, FL 32696

Title: SVP
Name: SEAY, MELISSA
Address: 3750 NE 170TH AVE
City-St-Zip: WILLISTON, FL 32696

Title: CFO
Name: BATTLE, TODD
Address: 18890 NE 55TH ST
City-St-Zip: WILLISTON, FL 32696

Title: SVP
Name: HEAD, JUSTIN
Address: 851 SE 11TH PLACE
City-St-Zip: WILLISTON, FL 32696

Title: S
Name: CARLISLE, JANICE L
Address: 19196 SE 3RD ST.
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD BATTLE

CFO

09/01/2011

Electronic Signature of Signing Officer or Director

Date