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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 011537 (8)
1. Corporation Name
FIRST BANK OF CLEWISTON

Principal Place of Business Mailing Address
300 E. SUGARLAND HIGHWAY 300 E. SUGARLAND HIGHWAY
P.O. BOX 1237 P.O. BOX 1237
CLEWISTON FL 33440 CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1922

4. FEI Number

59-0242465

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUSE, MILLER
227 EAST CRESCENT DRIVE
CLEWISTON FL 33440

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME KURTZ, HOWARD E.
STREET ADDRESS 216 W. DEL MONTE AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE
NAME RIDGDILL, MORRIS
STREET ADDRESS 209 CYPRESS AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE PD ☐ DELETE
NAME COUSE, MILLER
STREET ADDRESS 227 W. CRESCENT AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE
NAME TERRILL, JAMES E.
STREET ADDRESS 1045 PALMETTO AVENUE
CITY-ST-ZIP CLEWISTON FL

TITLE VPST ☐ DELETE
NAME WOOD, RANDALL N
STREET ADDRESS S R 720
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE
NAME SIZEMORE, EDWARD J., JR.
STREET ADDRESS 612 NE THIRD STREET
CITY-ST-ZIP BELLE GLADE 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 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.

CR2E034 (10/97)