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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90070 033 ***150.00

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DOCUMENT # 011537

1. Corporation Name
FIRST BANK OF CLEWISTON

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/01/1922

4. FEI Number: 59-0242465 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

COUSE, MILLER
227 EAST CRESCENT DRIVE
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KURTZ, HOWARD E.		1.2 NAME	EDWARDS, EARLE E., III	
STREET ADDRESS	216 W. DEL MONTE AVE.		1.3 STREET ADDRESS	325 E. DEL MONTE AVE.	
CITY-ST-ZIP	CLEWISTON FL		1.4 CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIDGDILL, MORRIS		2.2 NAME		
STREET ADDRESS	209 CYPRESS AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COUSE, MILLER		3.2 NAME		
STREET ADDRESS	227 W. CRESCENT AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TERRILL, JAMES E.		4.2 NAME		
STREET ADDRESS	1045 PALMETTO AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		4.4 CITY-ST-ZIP		
TITLE	VPST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, RANDALL N		5.2 NAME		
STREET ADDRESS	S R 720		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIZEMORE, EDWARD J., JR.		6.2 NAME		
STREET ADDRESS	612 NE THIRD STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		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: Randall Wood RANDALL N. Wood 4/6/99 941 983 8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)