04-19-2004 90410 007 ***150.00
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 MAY -4 PM 2:58

TALLAHASSEE, FLORIDA

DOCUMENT # 011537

1. Entity Name
FIRST BANK

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

04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

COUSE, MILLER
227 EAST CRESCENT DRIVE
CLEWISTON, FL 33440

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERRY, THOMAS C JR
STREET ADDRESS	P O BOX 145
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	RIDGDILL, MORRIS
STREET ADDRESS	209 CYPRESS AVENUE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	PD
NAME	COUSE, MILLER
STREET ADDRESS	227 W. CRESCENT AVENUE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	D
NAME	TERRILL, JAMES E.
STREET ADDRESS	1045 PALMETTO AVENUE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	VPST
NAME	WOOD, RANDALL N
STREET ADDRESS	S R 720
CITY-ST-ZIP	CLEWISTON, FL
TITLE	D
NAME	EDWARDS, EARL E 111
STREET ADDRESS	325 E DEL MONTE AVE
CITY-ST-ZIP	CLEWISTON, FL 33440

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randall N Wood RANDALL N WOOD 4/16/04 (863)9838191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #