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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:13

DOCUMENT # 018026

(5)

1. Corporation Name

WEWAHITCHKA STATE BANK

Principal Place of Business

Mailing Address

113 NORTH MAIN STREET
P.O. BOX 100
WEWAHITCHKA FL 32465

113 NORTH MAIN STREET
P.O. BOX 100
WEWAHITCHKA FL 32465

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1926

3a. Date of Last Report

03/29/1994

4. FEI Number

59-0506660

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL 32465

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 agent 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SUMNER, WILLIAM C.	ONE IDLEWOOD ROAD	WEWAHITCHKA FL
VD	TRAYLOR, JAN G.	HWY 71	WEWAHITCHKA FL
D	CATHEY, WILLIAM A	RT 3, BOX 136 A-1	PORT ST JOE FL
D	CORE, GEORGE	202 8TH STREET	PORT ST. JOE FL
CEOD	GASKIN, JERALD D	137 W 5TH ST	WEWAHITCHKA FL
VP	HUSBAND, CAROLYN M	101 OLD DAIRY FM RD	WEWAHITCHKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on the attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Carolyn M. Husband

2/15/95

904-639-2222

(Date)

(Telephone)