

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 018026 (5)

1. Corporation Name

WEWAHITCHKA STATE BANK

Principal Place of Business

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

Mailing Address

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



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

SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL 32465

3. Date Incorporated or Qualified

05/27/1926

3a. Date of Last Report

02/22/1995

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
TRAYLOR, JAN G.
HWY 71
WEWAHITCHKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CATHEY, WILLIAM A
RT 3, BOX 136 A-1
PORT ST JOE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CORE, GEORGE
202 8TH STREET
PORT ST. JOE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEOD
GASKIN, JERALD D
137 W 5TH ST
WEWAHITCHKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HUSBAND, CAROLYN M
101 OLD DAIRY FM RD
WEWAHITCHKA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)