


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Workman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **018026** (5)
1. Corporation Name
WEWAHITCHKA STATE BANK



Principal Place of Business 125 N HWY 71 WEWAHITCHKA FL 32465 US	Mailing Address 125 NORTH MAIN STREET P.O. BOX 100 WEWAHITCHKA FL 32465
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 N. Hwy 71 Suite, Apt. #, etc. 22 City & State 23 Wewahitchka, FL Zip 24 32465		2a. Mailing Address 26 P. O. BOX 100 Suite, Apt. #, etc. 27 City & State 28 Wewahitchka, FL Zip 29 32465 County 30 USA		3. Date Incorporated or Qualified 05/27/1926	
		4. FEI Number 59-0506660		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL 32485**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

10. Name and Address of New Registered Agent

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, WILLIAM C.	1.2 NAME	
STREET ADDRESS	ONE IDLEWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYLOR, JAN G.	2.2 NAME	
STREET ADDRESS	HWY 71	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHEY, WILLIAM A	3.2 NAME	
STREET ADDRESS	RT 3, BOX 136 A-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORE, GEORGE	4.2 NAME	
STREET ADDRESS	202 8TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	4.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKIN, JERALD D	5.2 NAME	
STREET ADDRESS	137 W 5TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSBAND, CAROLYN M	6.2 NAME	
STREET ADDRESS	101 OLD DAIRY FM RD	6.3 STREET ADDRESS	1010 Old Dairy Farm Road
CITY-ST-ZIP	WEWAHITCHKA FL	6.4 CITY-ST-ZIP	Wewahitchka, FL 32465

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.

SIGNATURE

CAROLYN M. HUSBAND, Vice President

CR2E034 (10/97)