


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 041 ***150.00

0061137

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018026

1. Corporation Name

WEWAHITCHKA STATE BANK

Principal Place of Business

125 N. HWY 71
WEWAHITCHKA FL 33465
US

Mailing Address

POST OFFICE BOX 100
WEWAHITCHKA FL 32465
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1926

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PARIS, VIVIAN
200 BRADLEY PLACE
WEWAHITCHKA FL 32465

Note:
Error - This
is not our
registered Agent.

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARIS, VIVIAN	
STREET ADDRESS	ONE IDLEWOOD ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TRAYLOR, JAN G.	
STREET ADDRESS	HWY 71	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATHEY, WILLIAM A	
STREET ADDRESS	RT 3, BOX 136 A-1	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORE, GEORGE	
STREET ADDRESS	202 8TH STREET	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	GASKIN, JERALD D	
STREET ADDRESS	137 W 5TH ST	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUSBAND, CAROLYN M	
STREET ADDRESS	1010 OLD DAIRY FARM ROAD	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2534 11/08/91

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

237914-90034-41
018026

DOCUMENT # 018026

(5)

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WEWAHITCHKA STATE BANK



Principal Place of Business

125 N HWY 71
WEWAHITCHKA FL 32465
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Mailing Address

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P.O. BOX 100
WEWAHITCHKA FL 32465

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3. Date Incorporated or Qualified

05/27/1926

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59-0506660

Accepted For

Not Accepted

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

125 N. Hwy 71

Suite, Apt. #, etc.

City & State

Wewahitchka, FL

Zip

32465

Country

USA

2a. Mailing Address

P. O. BOX 100

Suite, Apt. #, etc.

City & State

Wewahitchka, FL

Zip

32465

Country

USA

9. Name and Address of Current Registered Agent

SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL 32465

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SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD
SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL

1.2 NAME

VD
TRAYLOR, JAN G.
HWY 71
WEWAHITCHKA FL

1.3 STREET ADDRESS

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

1.4 CITY-ST-ZIP

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

1.5 CITY-ST-ZIP

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

1.6 CITY-ST-ZIP

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

1.7 CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

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

☒ Change ☐ Addition

1010 Old Dairy Farm Road
Wewahitchka, FL 32465

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR