2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-28-2004 90228 004 ***150.00
018026

DOCUMENT # 018026

1. Entity Name
BANKTRUST OF FLORIDA

04 MAY 11 AM 10:15
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
125 N. HWY 71 WEWAHITCHKA, FL 33465 US	POST OFFICE BOX 100 WEWAHITCHKA, FL 32465 US

DO NOT WRITE IN THIS SPACE

04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0506660
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUMNER, WILLIAM C
ONE IDLEWOOD DRIVE
WEWAHITCHKA, FL 32465

DO NOT WRITE IN THIS SPACE

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

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	PCD
NAME	SUMNER, WILLIAM C
STREET ADDRESS	ONE IDLEWOOD DRIVE
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	VP
NAME	TRAYLER, JAN G
STREET ADDRESS	HWY 71 PO BOX 55
CITY-ST-ZIP	WEWAHITCHKA, FL
TITLE	D
NAME	CATHEY, WILLIAM A
STREET ADDRESS	RT 3, BOX 136 A-1
CITY-ST-ZIP	PORT ST JOE, FL
TITLE	D
NAME	CORE, GEORGE
STREET ADDRESS	202 8TH STREET
CITY-ST-ZIP	PORT ST. JOE, FL
TITLE	CD
NAME	GASKIN, JERALD D
STREET ADDRESS	137 W 5TH ST
CITY-ST-ZIP	WEWAHITCHKA, FL
TITLE	VP
NAME	HUSBAND, CAROLYN M
STREET ADDRESS	1010 OLD DAIRY FARM ROAD
CITY-ST-ZIP	WEWAHITCHKA, FL 32465

DO NOT WRITE IN THIS SPACE

$25/11

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: _____ 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #