

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90144 019 ***150.00

DOCUMENT # 018026

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0506660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUMNER, WILLIAM C
ONE IDLEWOOD DRIVE
WEWAHITCHKA FL 32465**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUMNER, WILLIAM C	
STREET ADDRESS	ONE IDLEWOOD DRIVE	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRAYLER, JAN G	
STREET ADDRESS	HWY 71 PO BOX 55	
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	

TITLE	President, CEO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William C Sumner	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ralph P. Risk, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Bibb Lamar	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Risk Jr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerald D. Gaskin	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)