

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

FILED
May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 018085

(1)

1. Corporation Name
WAUCHULA STATE BANK



Principal Place of Business: 106 EAST MAIN STREET, P.O. BOX 248, WAUCHULA FL 33873
Mailing Address: 106 EAST MAIN STREET, P.O. BOX 248, WAUCHULA FL 33873-0248

3. Date Incorporated or Qualified: 03/21/1929
3a. Date of Last Report: 04/22/1996
4. FEI Number: 59-0500870
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
CREWS, J W
129 GRIFFIN ROAD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	EVPO	<input type="checkbox"/> DELETE
NAME	HANCHEY, ROBERT E.	
STREET ADDRESS	1802 HWY 64 W.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CREWS, W. MARKAM	
STREET ADDRESS	RIVERSIDE DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CREWS, JR JW	
STREET ADDRESS	129 GRIFFIN ROAD	
CITY-ST-ZIP	WAUCHULA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, JOHN W	
STREET ADDRESS	ILLINOIS AVE	
CITY-ST-ZIP	WAUCHULA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert S Hanchey	
1.3 STREET ADDRESS	1602 Hwy 64 W	
1.4 CITY-ST-ZIP	WAUCHULA, FL 33873	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	W. Markam Crews	
2.3 STREET ADDRESS	8049 N. F. U. Des Oaks Circle	
2.4 CITY-ST-ZIP	ARADIA, FL 33821	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JW Crews, Jr	
3.3 STREET ADDRESS	129 Griffin Road	
3.4 CITY-ST-ZIP	WAUCHULA, FL 33873	
4.1 TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	H. Denniston Crews	
4.3 STREET ADDRESS	404 Vanderbilt Road	
4.4 CITY-ST-ZIP	Asheville, NC 28803	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dena M. Crews Aloian	
5.3 STREET ADDRESS	111 Kennison Drive	
5.4 CITY-ST-ZIP	Orlando, FL 32801	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John W. H. Burton	
6.3 STREET ADDRESS	1249 Pine Court	
6.4 CITY-ST-ZIP	WAUCHULA, FL 33873	

14. I do 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/18/97 94-773-4151
Date Daytime Phone #

CR2E034 (9/96)