

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90307 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 018085

1. Corporation Name  
**WAUCHULA STATE BANK**



|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br>106 EAST MAIN STREET<br>P.O. BOX 248<br>WAUCHULA FL 33873 | Mailing Address<br>106 EAST MAIN STREET<br>P.O. BOX 248<br>WAUCHULA FL 33873 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|                                                                                                                                                 |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>03/21/1929                                                                                                 |                                |
| 4. FEI Number<br>59-0500870                                                                                                                     | Applied For<br>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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

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

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | HANCHEY, ROBERT E.       |                                 |
| STREET ADDRESS | 1602 HWY 64 W.           |                                 |
| CITY-ST-ZIP    | WAUCHULA FL              |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | CREWS, W MARKAM          |                                 |
| STREET ADDRESS | 2049 N.E. VOSS OAKS CIR. |                                 |
| CITY-ST-ZIP    | ARCADIA FL               |                                 |
| TITLE          | CD                       | <input type="checkbox"/> DELETE |
| NAME           | CREWS, JR JW             |                                 |
| STREET ADDRESS | 129 GRIFFIN ROAD         |                                 |
| CITY-ST-ZIP    | WAUCHULA, FL 00000       |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | CREWS, H DENNISTON       |                                 |
| STREET ADDRESS | 404 VANDERBILT RD        |                                 |
| CITY-ST-ZIP    | ASHVILLE NC              |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | CREWS, DENA M ALOIAN     |                                 |
| STREET ADDRESS | 111 KENNISON DRIVE       |                                 |
| CITY-ST-ZIP    | ORLANDO FL               |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | BURTON, JOHN W H         |                                 |
| STREET ADDRESS | 1249 PINE COURT          |                                 |
| CITY-ST-ZIP    | WACHULA FL               |                                 |

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: \_\_\_\_\_ DATE: 4/9/99 DAYTIME PHONE #: 941-773-4151

CR2E034 (11/98)