FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:37

DOCUMENT # 018127 (1)

1. Corporation Name

PEOPLES BANK OF LAKELAND

Principal Place of Business
115 SOUTH MISSOURI AVENUE
LAKELAND FLORIDA 33801

Mailing Address
115 SOUTH MISSOURI AVENUE
LAKELAND FLORIDA 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1931
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-0399230 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIFFITH, JOHN R
115 S MISSOURI AVE
LAKELAND FL 33801

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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	11 TITLE	[X] Change ☐ Addition
NAME	CARSON, SARA	12 NAME	Delete
STREET ADDRESS	2025 SYLVESTER RD #110	13 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	SVP & Cashier ☐ Change [X] Addition
NAME	BENNETT, ALTON B	22 NAME	Franklyn P. Futch
STREET ADDRESS	5035 KIRKLAND RD	23 STREET ADDRESS	311 South New York Avenue
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	Lakeland, FL 33801
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCCLURG, REVA P	32 NAME	
STREET ADDRESS	969 LK HOLLINGSWORTH DR	33 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	
TITLE	SVP	41 TITLE	☐ Change ☐ Addition
NAME	SPRINGER, JAY O, JR	42 NAME	
STREET ADDRESS	3441 SHERETZ ROAD	43 STREET ADDRESS	
CITY ST ZIP	KATHLEEN FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	BLALOCK, RALPH	52 NAME	
STREET ADDRESS	409 EUNICE DRIVE	53 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	54 CITY ST ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	MCCLURG, E. V.	62 NAME	
STREET ADDRESS	975 LAKE HOLLINGSWORTH DRIVE	63 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ralph Blalock, President 01/10/95 (813) 687-6837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0312349 CP