

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018181

FILED
Apr 21, 2006
Secretary of State

Entity Name: BANK OF JACKSON COUNTY

Current Principal Place of Business:

5381 CLIFF ST
P O DRAWER 677
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

5381 CLIFF ST
P O DRAWER 677
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-0153890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, T. W.
5381 CLIFF STREET
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, LEE W
Address: P.O. BOX 101, 8TH AVE
City-St-Zip: GRACEVILLE, FL 32440

Title: PD () Delete
Name: WILDER, TOM W
Address: 2842 OLD CHIPLEY RD
City-St-Zip: SLOCOMB, AL 36375

Title: D () Delete
Name: WILLIAMS, ARTHUR L JR
Address: 5523 BROWN ST
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: MILLER, FRANK J
Address: 1501 8TH AVENUE
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: BROOKS, BOLLING
Address: 1301 8TH AVENUE
City-St-Zip: GRACEVILLE, FL 32440

Title: D (X) Delete
Name: WILDER, IV, T W
Address: 4915 FLINT DR
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILDER, IV, T W
Address: 4915 FLINT DR
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E HEISLER

EVP

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date