## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 018181** 

Entity Name: BANK OF JACKSON COUNTY

FILED Jul 13, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5381 CLIFF ST P O DRAWER 677 GRACEVILLE, FL 32440

Current Mailing Address: New Mailing Address:

5381 CLIFF ST P O DRAWER 677 GRACEVILLE, FL 32440

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEISLER, THOMAS E PRES WILDER, THOMAS W IV
5381 CLIFF STREET 5381 CLIFF STREET
GRACEVILLE, FL 32440 US GRACEVILLE, FL 32440 US

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: THOMAS W. WILDER, IV 07/13/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: I

 Name:
 MILLER, LEE W

 Address:
 P.O. BOX 101, 8TH AVE

 City-St-Zip:
 GRACEVILLE, FL 32440

Title: D

 Name:
 HEISLER, THOMAS E

 Address:
 5676 HWY 77

 City-St-Zip:
 GRACEVILLE, FL 32440

Title: D

Name: WILLIAMS, ARTHUR L JR Address: 5523 BROWN ST City-St-Zip: GRACEVILLE, FL 32440

Title: [

Name: MILLER, FRANK J Address: 1501 8TH AVENUE City-St-Zip: GRACEVILLE, FL 32440

Title: DF

Name: WILDER, THOMAS W IV Address: 4915 FLINT DR City-St-Zip: MARIANNA, FL 32446

Title:

Name: RIMES, WILLIAM S Address: P O BOX 842

City-St-Zip: GRACEVILLE, FL 32440

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W WILDER, IV PRES 07/13/2010