

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018181

FILED
Feb 07, 2011
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, THOMAS W IV
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

OFFICERS AND DIRECTORS:

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

Title: D
Name: RIMES, WILLIAM S
Address: P O BOX 842
City-St-Zip: GRACEVILLE, FL 32440

Title: D
Name: MIXON, JAMES A
Address: 1433 SONNY MIXON RD
City-St-Zip: SLOCOMB, AL 36375

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

02/07/2011

Electronic Signature of Signing Officer or Director

Date