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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 018245

(1)

THE FARMERS BANK OF MALONE

Principal Place P O BOX 128 301 TENTH ST MALONE FL 3	Mailing Address P O BOX 128 301 TENTH STREET MALONE FL 32445-0128	DX 128 NTH STREET		3. Date Incorpor	etod or Qualified	3a. Date of Last F			
					11/25/194		01/29/1996	тероп	
2. Principat Place of Business		2a. Mailing Address			4. FEI Number			pplied For	
21		26			59-02384	85	Not Applicable		
Suite Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of 8	5. Certificate of Status Desired \$8.75 Additional			
City & State		City & State			# 5(-a) - 0	Fee Required 6. Election Campaign Financing \$5.00 May Re			
23	•	28			Trust Fund Co			May Be to Fees	
Ζιρ	Country	Zip	Country	,	·····		intangible tax under s	~	
24	25		10		Florida Statute] Yes □ No	, ,eq.,doz.,	
	9. Name and Address of Current	Registered Agent		r=	10. Name and Ad	ldress of New Re	gistered Agent		
	irickson, everett c		81	Name					
, HWY 71 N				82 Street Address (P.O. Box Number is Not Acceptable)					
MAL	ONE FL 32445		83						
			63						
•			84	City		·· · · · · · · · · · · · · · · · · · ·	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607,0502	and 607 1508 Florida Statutes	the above	0-00mod	Lornoration authority thin	datament for the m	FL ballet	to realistated	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	f Florida. Such change was au	thorized by	the cor	poration's board of directo	rs. I hereby accer	of the appointment as	registered	
	m remiliar with, and accept the obligat	ions of, Section 607,0505, Flori	da Statute	Ş.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Age	nutanoia tne	e required when reinstating)		DATE	······	
12.	OFFICERS AND		13.			ANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12	
TITLE	CD	DELETE	1.1 TITL€	·- ·- ·- · · · · · · · · · · · · · · ·	С		Change	Addition	
NAME	HENDRICKSON, PHILIP N		1.2 NAME		Debra A. Smit	:h			
STREET ADDRESS	HWY 71N		1.3 STREET	ADDRESS	5295 Willis I	Road P.O.	Box 451		
CITY-ST-ZIF	MALONE, FL 00000		1.4 CITY - 9	T-ZIP	Greenwood, F	L. 32443			
FITLE	PD	☐ DELETE	2.1 TITLE		AC		Change	Addition	
NAME	HENRICKSON, EVERETT C		2.2 NAME		Amy L. Mesko				
STREET ADDRESS	HWY 71 N		2.3 STREET	ADDRESS	P.O. Box 484	N/A			
CITY-ST-ZIP	MALONE, FL 00000	⅓ DELETE	2.4 CITY -	ST-ZIP	Malone, Fl.	32445	T 0	- LA LINE	
TITLE NAME	VD PEACOCK,PEGGY	ſ_ ¥ btreit	3.1 TITLE			1)	Change	☐ Addition	
	4887 MEADOWNEW RD		3.2 NAME	innbrée		* 1	•		
STREET ADDRESS DITY-ST-75P	MARIANNA, FL 00000		3.3 STREE1						
TITLE	AC	DELETE	3.4. CITY -	31-617			Change	Addition	
NAME	SMITH, DEBRA A		4. 2 NAME						
STREET ADDRESS	5292 WILLIS RD, PO BX 451		4.3 STREET	ADDRESS					
CITY-ST-ZIF	GREENWOOD FL		4.4 CITY - S						
TITLE		DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME				·		
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY - ST - ZIF			5.4 CITY - 9	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP	at and it that the information are that	with this files at a 1 - 1 - 1 - 1 - 1 - 1	6.4 CITY - S		1	A Paris Arriv			
informatio	by certify that the information supplied in indicated on this annual report or su flicer or director of the corporation or t in Block 13 if changed, or one	pplemental annual report is tru	e and acci	urate and	d tha t m √ signature shall h	ave the same lega	il effect as il made un	ider oath: that	

SIGNATURE:

() (||Phillip N. Henrickson

1-10-97

(904) 569-2264

Daytime Phone #

FILED

Jan 31 1997 8:00am

Secretary of State