

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

FILED

**Apr 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018245 (1)
 1. Corporation Name
PEOPLES COMMUNITY BANK



Principal Place of Business 5408 TENTH STREET MALONE FL	Mailing Address 5408 TENTH STREET MALONE FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 11/25/1942	
4. FEI Number 59-0238485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DEBRA A	
STREET ADDRESS	5925 WILLIS ROAD PO BOX 451	
CITY-ST-ZIP	GREENWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENRICKSON, EVERETT C	
STREET ADDRESS	HWY 71 N	
CITY-ST-ZIP	MALONE, FL 00000	
TITLE	AC	<input checked="" type="checkbox"/> DELETE
NAME	MESKO, AMY L	
STREET ADDRESS	PO BOX 484	
CITY-ST-ZIP	MALONE FL	
TITLE	AC	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DEBRA A	
STREET ADDRESS	5292 WILLIS RD, PO BX 451	
CITY-ST-ZIP	GREENWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STUCKY, RICKY	
1.3 STREET ADDRESS	RT. 5, BOX 1205	
1.4 CITY-ST-ZIP	DONALSONVILLE, GA. 31745	
2.1 TITLE	V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WOMBLE, SANDRA	
2.3 STREET ADDRESS	RT. 3, BOX 398	
2.4 CITY-ST-ZIP	BLAKLEY, GA. 31723	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	ASST. V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODGERS, JIMMY J.	
3.3 STREET ADDRESS	5474 OLD U. S. ROAD	
3.4 CITY-ST-ZIP	MALONE, FL 32445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: *Jimmy J. Rodgers* **JIMMY J. RODGERS** 3/27/98 850-5692264

CR2034 (10/97)