


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

FILED
Apr 29 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018245
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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04/29/99 90286 043 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0238485	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	8. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Rickey E. Stuckey 5408 10th Street Malone, Florida 32445	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City

FL 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: *Rickey E. Stuckey* Rickey E. Stuckey, President DATE: 4-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCKY, RICKY	1.2 NAME	Stuckey, Rickey
STREET ADDRESS	ROUTE 5, BOX 1205	1.3 STREET ADDRESS	Route 5 Box 1205
CITY-ST-ZIP	DONALSONVILLE GA 31745	1.4 CITY-ST-ZIP	Donalsonville, Georgia 31745
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMBLE, SANDRA	2.2 NAME	Rodgers, Jimmy J.
STREET ADDRESS	ROUTE 3, BOX 398	2.3 STREET ADDRESS	5135 9th Avenue
CITY-ST-ZIP	BLAKLEY GA 31723	2.4 CITY-ST-ZIP	Malone, Florida 32445
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, JIMMY J.	3.2 NAME	Robert A. Jackson
STREET ADDRESS	5474 OLD US ROAD	3.3 STREET ADDRESS	4650 The Oaks Drive
CITY-ST-ZIP	MALONE FL 32445	3.4 CITY-ST-ZIP	Marianna, Florida 32446
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	K. W. Smith
STREET ADDRESS		4.3 STREET ADDRESS	5388 10th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Malone, Florida 32445
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Green Jordan, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	5305 10th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Malone, Florida 32445
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Rickey E. Stuckey* **SIGNATURE REQUIRED** April 26, 1999 912-758-5511
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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