

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **018249** (3)

1. Corporation Name
BARNETT BANK OF LAKE OKEECHOBEE



Principal Place of Business: **205 NORTH PARROTT AVENUE OKEECHOBEE FL 34972-2916**
Mailing Address: **205 NORTH PARROTT AVENUE OKEECHOBEE FL 34972-2916**

3. Date Incorporated or Qualified: **11/13/1943**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business: 21
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:
2a. Mailing Address: 26. **P.O. Box 218, Okeechobee, FL 34973**
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 30. Country:

4. FEI Number: **59-0520424**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, RICHARD D
205 NORTH PARROTT AVENUE
OKEECHOBEE FL 34972**

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: _____ DATE: _____
(Signature of registered agent or principal officer of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	OSTERMAYER, LARRY	
STREET ADDRESS	739 JUNIPER PLACE	
CITY-STATE-ZIP	WILLINGTON FL	
TITLE	PCCE	<input type="checkbox"/> DELETE
NAME	COLEMAN, RICHARD D	
STREET ADDRESS	2502 SW 18TH CT	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRAVES, CAROLYN	
STREET ADDRESS	506 SW 5TH STREET	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	FM	<input checked="" type="checkbox"/> DELETE
NAME	MOBLEY, PATSY	
STREET ADDRESS	3950 SW 16TH STREET	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VICKERS, LILLIAN E.	
STREET ADDRESS	2054 N.E. 54 TRAIL	
CITY-STATE-ZIP	OKEECHOBEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, HATTIE	
STREET ADDRESS	758 NE 101ST AVE	
CITY-STATE-ZIP	OKEECHOBEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANA WILSON	
3.3 STREET ADDRESS	2286 SW 200th	
3.4 CITY-STATE-ZIP	Okeechobee, FL 34974	
4.1 TITLE	FM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KRISTY CRAWFORD	
4.3 STREET ADDRESS	4391 SW 21st ct	
4.4 CITY-STATE-ZIP	Okeechobee, FL 34974	
5.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Patti Wilson	
6.3 STREET ADDRESS	1605 SW 28th ST	
6.4 CITY-STATE-ZIP	Okeechobee, FL 34974	

14. I do hereby certify that the information supplied with this filing is true, accurate and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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: _____ DATE: **1-29-96** DAYTIME PHONE #: **941-357-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)