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 # **018266** **(7)**

1. Corporation Name

LAFAYETTE COUNTY STATE BANK

Principal Place of Business	Mailing Address
MAIN STREET P.O. BOX 108 MAYO FL 32066	MAIN STREET P.O. BOX 108 MAYO FL 32066

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

3. Date Incorporated or Qualified: **11/06/1945**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **59-0549169** ☐ 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

WILLIAMS, E.B.
MAIN STREET
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name: **Vida Williams**

82 Street Address (P.O. Box Number is Not Acceptable): **Main Street**

83

84 City: **Mayo** **FL** 85 Zip Code: **32066**

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: Vida Williams — April 4, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/C/D	☒ Change ☐ Addition
NAME	WILLIAMS, E. B.		1.2 NAME	Vida Williams	
STREET ADDRESS	MAIN STRET		1.3 STREET ADDRESS	Main Street	
CITY-ST-ZIP	MAYO FL		1.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	EVD	☐ DELETE	2.1 TITLE	V/CEO	☐ Change ☒ Addition
NAME	WILLIAMS, VIDA R		2.2 NAME	James A. Roberts	
STREET ADDRESS	MAIN STREET		2.3 STREET ADDRESS	2807 NW 142nd Ave.	
CITY-ST-ZIP	MAYO FL		2.4 CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	C	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CROFT, ANNETTE P		3.2 NAME	W. G. Croft, Jr.	
STREET ADDRESS	CRAWFORD STREET		3.3 STREET ADDRESS	Park & Hart Street	
CITY-ST-ZIP	MAYO FL		3.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	AC	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HURST, FRANCES R		4.2 NAME	R. R. Williams	
STREET ADDRESS	BLOXHAM STREET		4.3 STREET ADDRESS	Rt. 2, Box 11	
CITY-ST-ZIP	MAYO FL		4.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBERTS, S.O.		5.2 NAME	Foye O'Steen	
STREET ADDRESS	1308 N.E. 9TH STREET		5.3 STREET ADDRESS	Hart & Laura Street	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	VCEO	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, C.F.		6.2 NAME		
STREET ADDRESS	RT. 5, BOX 526		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: Vida Williams — **April 4, 1996** — **(909) 294-1901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #