NEVER RECEIVED THE FIRST NOTICE, OUR RESPONSIB

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State
07-13-1999 90003 012 ***550.00

DOCUMENT # 018266

Corporation Name
LAFAYETTE COUNTY STATE BANK

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

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 11/06/1945	
	26	4. FEI Number: 59-0549169	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
	28		
Zip / Country (25)	Zip (29) / Country (30)	8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ROBERTS, JAMES A
MAIN AND LAFAYETTE STREET
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

1. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PCD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	WILLIAMS, VIDA	1.2 NAME	
REET ADDRESS	MAIN STRET	1.3 STREET ADDRESS	
Y-ST-ZIP	MAYO FL	1.4 CITY-ST-ZIP	
LE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	HEWETT, JOHN C	2.2 NAME	
REET ADDRESS	COUNTRY RD 400	2.3 STREET ADDRESS	
Y-ST-ZIP	MAYO FL	2.4 CITY-ST-ZIP	
LE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	WILLIAMS. R R	3.2 NAME	
REET ADDRESS	RT 2 BOX 249	3.3 STREET ADDRESS	
Y-ST-ZIP	MAYO FL 32066	3.4 CITY-ST-ZIP	
LE	VCD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME	ROBERTS, JAMES A	4.2 NAME	
EET ADDRESS	2807 NW 142 AVE	4.3 STREET ADDRESS	
Y-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
LE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME	ROBERTS, S.O.	5.2 NAME	
EET ADDRESS	1308 N.E. 9TH STREET	5.3 STREET ADDRESS	
Y-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
LE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME	CROFT, W G JR	6.2 NAME	
EET ADDRESS	PARK & HART STREET	6.3 STREET ADDRESS	
Y-ST-ZIP	MAYO FL	6.4 CITY-ST-ZIP	

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: _____ JAMES A. ROBERTS 7/6/99 904-294-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)