2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# 018266

Entity Name: LAFAYETTE STATE BANK

Current Principal Place of Business:

340 W MAIN STREET
P.O. BOX 108
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

340 W MAIN STREET
P.O. BOX 108
MAYO, FL 32066

New Mailing Address:

FEI Number: 59-0549169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JAMES A
340 W MAIN STREET
MAYO, FL 32066 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: ROBERTS, JAMES A
Address: 2807 NW 142 AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: HEWETT, JOHN C
Address: P O BOX 582
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete
Name: WILLIAMS, REYNOLDS R
Address: RT 2 BOX 105
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete
Name: SHAW, MICHAEL H
Address: P.O. BOX 357
City-St-Zip: MAYO, FL 32066

Title: CD ( ) Delete
Name: ROBERTS, SIDNEY O
Address: 1308 NE 9TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: CROFT, W G JR
Address: P O BOX 1480
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A ROBERTS PDS 04/01/2004

Electronic Signature of Signing Officer or Director — Date

BILL OWEN, JR, VICE PRESIDENT
510 NW 10TH AVENUE
JASPER , FLORIDA 32052

LYNETTE R. ELLIS, VICE PRESIDENT
611 NE PECAN AVENUE
MAYO, FLORIDA 32066

MARY E. HAMLIN, VICE PRESIDENT
2565 EAST US 27
MAYO, FLORIDA 32066

WILLIAM M. PRIMM, SENIOR VICE PRESIDENT
ROUTE 4 BOX 1848
MADISON, FLORIDA 32340