FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:17

DOCUMENT # **018278** **(2)**

1. Corporation Name
DUNNELLON STATE BANK

Principal Place of Business	Mailing Address
11472 N. WILLIAMS STREET P.O. BOX 1189 DUNNELLON FL 34432 US	P.O. BOX 1189 P.O. BOX 1189 DUNNELLON FL ~~34430-1189~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1946
3a. Date of Last Report: 01/21/1994

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 / Country 24 / 25	Zip / Country 29 34430-1189 / 30

4. FEI Number: 59-0551252 ☐ 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
EMERSON, C JERRY 11472 N. WILLIAMS STREET DUNNELLON FL 34432	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PREIS, WILLIAM E.	1.2 NAME	
STREET ADDRESS	20025 SW 60 PLACE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, GEORGE H. II	2.2 NAME	
STREET ADDRESS	PLEASANT GROVE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, JOSEPH S.	3.2 NAME	
STREET ADDRESS	1822 KIMBERLY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MEREDITH, J. CARROL	4.2 NAME	
STREET ADDRESS	W. HWY 40	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	EMERSON, C. JERRY	5.2 NAME	
STREET ADDRESS	2256 W TEE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, C. BEN JR.	6.2 NAME	
STREET ADDRESS	1071 W. PRISCILLA PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	6.4 CITY-ST-ZIP	

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)(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: C. Jerry Emerson January 19, 1995 904/489-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. Jerry Emerson, President

0455863 FP