

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 # 018278 (2)

1. Corporation Name

DUNNELLO STATE BANK



Principal Place of Business

Mailing Address

11472 N. WILLIAMS STREET  
P.O. BOX 1189  
DUNNELLO FL 34432  
US

P.O. BOX 1189  
P.O. BOX 1189  
DUNNELLO FL 34430-1189  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/08/1946	01/24/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-0551252	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		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  
DUNNELLO FL 34432

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	D PREIS, WILLIAM E. <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREIS, WILLIAM E.	1.2 NAME	Paula G. Bassett
STREET ADDRESS	20025 SW 80 PLACE ROAD	1.3 STREET ADDRESS	11440 SW 130th Ave.
CITY-ST-ZIP	DUNNELLO FL	1.4 CITY-ST-ZIP	Dunnellon, FL 34432
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, GEORGE H. II	2.2 NAME	Kathryn Morrison
STREET ADDRESS	PLEASANT GROVE RD.	2.3 STREET ADDRESS	20731 W. Penn. Ave.
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	Dunnellon, FL 34431
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	Asst. Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, JOSEPH S.	3.2 NAME	Earl W. Gysan
STREET ADDRESS	1822 KIMBERLY LANE	3.3 STREET ADDRESS	1020 Trudy Street
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	Floral City, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Asst. Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEREDITH, J. CARROL	4.2 NAME	Shirley Marriott
STREET ADDRESS	W. HWY 40	4.3 STREET ADDRESS	1109 S. Fieldview
CITY-ST-ZIP	DUNNELLO FL	4.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	Asst. Cashier <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, C. JERRY	5.2 NAME	Eloise Grabbe
STREET ADDRESS	2256 W TEE CIRCLE	5.3 STREET ADDRESS	14182 SW 101st Lane
CITY-ST-ZIP	DUNNELLO FL	5.4 CITY-ST-ZIP	Dunnellon, Florida 34432
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, C. BEN JR.	6.2 NAME	
STREET ADDRESS	1071 W. PRISCILLA PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLO 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)(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:

*C. Jerry Emerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 1996 352/489-2466

Date

Daytime Phone #

CR2E034 (12/95)