

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018278 (2)
1. Corporation Name
DUNNELLO STATE BANK

Principal Place of Business 11472 N. WILLIAMS STREET P.O. BOX 1189 DUNNELLO FL 34432 US	Mailing Address P.O. BOX 1189 P.O. BOX 1189 DUNNELLO FL 34430-1189 US
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2. Principal Place of Business 21 11472 N. Williams Street Suite, Apt. #, etc. 22 City & State 23 Dunnellon, FL 24 Zip 34432 Country 25 US		2a. Mailing Address 26 P. O. Box 1189 Suite, Apt. #, etc. 27 City & State 28 Dunnellon, FL 29 Zip 34430-1189 Country 30 US		3. Date Incorporated or Qualified 06/08/1946	3a. Date of Last Report 01/23/1996
				4. FEI Number 59-0551252	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EMERSON, C JERRY 11472 N. WILLIAMS STREET DUNNELLO FL 34432		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 of representative (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, PAULA G	1.2 NAME	
STREET ADDRESS	11440 S.W. 130TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, KATHRYN	2.2 NAME	
STREET ADDRESS	20731 W. PENN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLO FL	2.4 CITY-ST-ZIP	
TITLE	AV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYSON, EARL W	3.2 NAME	
STREET ADDRESS	1020 TRUDY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRIOTT, SHIRLEY	4.2 NAME	
STREET ADDRESS	1109 S. FIELDVIEW	4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP	
TITLE	AC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABBE, ELOISE	5.2 NAME	
STREET ADDRESS	14182 S.W. 101ST LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLO FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELUS, 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 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* C. Jerry Emerson President 2/5/97 (352) 489-2466

CR2E034 (9/96)

Addendum: Question #12 - Officers and Directors

Title: Chairman
Name: Brannen, George H. II
Address: Pleasant Grove Rd.
City-St-Zip: Inverness, FL 34451

Title: Vice Chairman
Name: Brannen, Joseph S.
Address: 1822 Kimberly Lane
City-St-Zip: Inverness, FL 34451

Title: Director
Name: Preis, William E.
Address: 20025 SW 80 Place Road
City-St-Zip: Dunnellon, FL 34432

Title: Director
Name: Meredith, J. Carrol
Address: Hwy 40 West
City-St-Zip: Dunnellon, FL 34431

Title: President and Director
Name: Emerson, C. Jerry
Address: 2256 W. Tee Circle
City-St-Zip: Dunnellon, FL 34434

Title: Senior Vice President and Cashier
Name: Ellis, C. Ben Jr.
Address: 1071 W. Priscilla Place
City-St-Zip: Dunnellon, FL 34434

Title: Vice President
Name: Marriott, Shirley
Address: 1109 S. Fieldview
City-St-Zip: Lecanto, FL 34461

Title: Vice President
Name: Gysan, Earl W.
Address: 1020 Trudy Street
City-St-Zip: Floral City, FL

Title: Assistant Vice President
Name: Grabbe, Eloise
Address: 14182 SW 101st Lane
City-St-Zip: Dunnellon, FL 34432

Delete:

Title: Vice President
Name: Bassett, Paula G.
Address: 11440 SW 130th Ave.
City-St-Zip: Dunnellon, FL 34432

Title: Vice President
Name: Morrison, Kathryn
Address: 20731 W. Penn. Ave.
City-St-Zip: Dunnellon, FL 34431

Question #13 - Additions

Title: Assistant Cashier
Name: Drew, Pamela R.
Address: 2958 SW Bonable Drive
City-St-Zip: Dunnellon, FL 34431

Title: Assistant Cashier
Name: Seckinger, Sandra M.
Address: 3600 SW 183 Terrace