


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

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 DUNNELLO FL 34432 US	Mailing Address P.O. BOX 1189 DUNNELLO FL 34430-1189 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11472 N. Williams Street Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. Box 1189 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/08/1946	
22 City & State 23 Dunnellon, FL		27 City & State 28 Dunnellon, FL		4. FEI Number 59-0551252 Applied For Not Applicable	
24 34432 25 U.S.		29 34430 30 U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASSETT, PAULA G 11440 S.W. 130TH AVE. DUNNELLO FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Asst. Cashier Drew, Pamela R. 2958 SW Bonable Drive Dunnellon, FL 34431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, KATHRYN 20731 W. PENN AVE. DUNNELLO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Asst. Cashier Seckinger, Sandra M. 3600 SW 133 Terrace Dunnellon, FL 34432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President GYSON, EARL W 1020 TRUDY STREET FLORAL CITY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President Gysan, Earl W. 1020 Trudy Street Floral City, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MARRIOTT, SHIRLEY 1109 S. FIELDVIEW LECANTO FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice President Marriott, Shirley 1109 S. Fieldview Lecanto, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.V.P. GRABBE, ELOISE 14182 S.W. 101ST LANE DUNNELLO FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	A.V.P. Grabbe, Eloise 14182 SW 101 Lane Dunnellon, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P. & Cashier ELLIS, C. BEN JR. 1071 W. PRISCILLA PLACE DUNNELLO FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Sr. V.P. & Cashier Ellis, C. Ben Jr. 1071 W. Priscilla Place Dunnellon, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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.

CR2E034 (10/97)