

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90190 009 ***150.00

DOCUMENT # 018278

1. Corporation Name
DUNNELLON STATE BANK

Principal Place of Business
11472 N. WILLIAMS STREET
DUNNELLON FL 34432
US

Mailing Address
P.O. BOX 1189
DUNNELLON FL 34430
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1946

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11472 N. Williams Street
Suite, Apt. #, etc.

22 City & State

23 Dunnellon, Florida 34432
Zip Country

24 34432

25 U.S.

2a. Mailing Address

26 P. O. Box 1189
Suite, Apt. #, etc.

27 City & State

28 Dunnellon, Florida 34430
Zip Country

29 34430

30 U.S.

9. Name and Address of Current Registered Agent

EMERSON, C JERRY
11472 N. WILLIAMS STREET
DUNNELLON 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
V	DREW, PAMELA R	2958 SW BONABLE DR	DUNNELLON FL 34431	<input checked="" type="checkbox"/>
V	SECKINGER, SANDRA M	3600 SW 133 TERR	DUNNELLON FL 34432	<input type="checkbox"/>
VP	GYSON, EARL W	1020 TRUDY STREET	FLORAL CITY FL	<input type="checkbox"/>
VP	MARRIOTT, SHIRLEY	1109 S. FIELDVIEW	LECANTO FL	<input type="checkbox"/>
AVP	GRABBE, ELOISE	14182 S.W. 101ST LANE	DUNNELLON FL	<input type="checkbox"/>
SVP	ELLIS, C. BEN JR.	1071 W. PRISCILLA PLACE	DUNNELLON FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Assistant Cashier	Shirley R. Owens	20792 2nd Avenue	Dunnellon, Florida 34431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assistant Cashier	Seckinger, Sandra M.	3600 SW 133 Terr	Dunnellon, FL 34432	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

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

April 12, 1999 352/489-2466

Date Daytime Phone #

CR2E034 (11/98)

0487693

018278
447846-90190-9

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: Dumas, Brown Jr.
Address: 291 S. Gardenia Terrace
City-St-Zip: Crystal, FL 34429

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

Title: Assistant Cashier
Name: Seckinger, Sandra M.
Address: 3600 SW 133 Terrace
City-St-Zip: Dunnellon, FL 34432

Title: Assistant Cashier
Name: Owens, Shirley R.
Address: 20792 2nd Avenue
City-St-Zip: Dunnellon, FL 34431

Delete:

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