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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **018295** **(6)**

1. Corporation Name

LEVY COUNTY STATE BANK

Principal Place of Business	Mailing Address
2012 N YOUNG BLVD P.O. BOX 69 CHIEFLND FL 32626 US	PO BOX 69 P.O. BOX 69 CHIEFLND FL 32626 US

3. Date Incorporated or Qualified: 10/09/1947	3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-0590111	☐ 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	

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 24 / Country 25	Zip 29 **32644-0069** / Country 30

9. Name and Address of Current Registered Agent

SMITH, TERRY A
214 E. PARK AVE.
CHIEFLND FL 32626-7069

10. Name and Address of New Registered Agent

81 Name: **Smith, Terry A.**
82 Street Address (P.O. Box Number is Not Acceptable): **2012 N. Young Blvd.**
83
84 City: **Chiefland,** **FL** 85 Zip Code: **32626**

11. Pursuant to the provisions of Sections 607.0505 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 **February 23, 1996**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when filing this form.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, TERRY A CNTY RD 320 CHIEFLND FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SULLIVAN, EMORY F SR CARIBEE POINT INGLIS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BISHOP, KENT R CNTY RD 320 CHIEFLND FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition VC Bishop, Kent R. 1312 NW 17th Ave Chiefland, FL 32626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WASSON, STEWART G NW 98 TERRACE CHIEFLND FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HALLMAN, WARREN A PALMETTO DRIVE CEDAR KEY FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUNNELS, CAROL OUR ROAD INGLIS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ **February 23, 1996** **(352) 493-2571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0425691 FP