SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

1-2

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **018316** **(0)**

1. Corporation Name
PEOPLES STATE BANK OF GROVELAND

Principal Place of Business	Mailing Address
200 E. BROAD ST. GROVELAND FL 34736-2504	PO BOX 38 GROVELAND FL 34736-0038 US

3. Date Incorporated or Qualified: 09/14/1949	3a. Date of Last Report: 06/28/1995
4. FEI Number: 59-0605832	☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FAIRCHILD, JOE E JR
200 E BROAD ST
GROVELAND FL 34736

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	11 TITLE	CD	☒ Change ☐ Addition
NAME	BAILEY, DONALD B		12 NAME		
STREET ADDRESS	8510 BAILEY		13 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LEININGER, BOB L.		22 NAME		
STREET ADDRESS	PINE ISLAND LK RD		23 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GERACI, JANIE		32 NAME		
STREET ADDRESS	1143 S KANSAS AVE		33 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MCLIN, MARK I		42 NAME		
STREET ADDRESS	1910 BRANTLEY CIRCLE		43 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	RICE, JEFFERY A		52 NAME		
STREET ADDRESS	PO BOX 67 NA		53 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	FAIRCHILD, JOE E., JR.		62 NAME		
STREET ADDRESS	231 E POMELO ST		63 STREET ADDRESS	470 E. WALDO STREET	
CITY-ST-ZIP	GROVELAND FL		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katy Sue Lewis KATY SUE LEWIS 6/27/96 (352)429-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

018316

2-2

Additional Directors and Officers
Peoples State Bank

Title: D
Stephen Parrish
P. O. Box 803 NA
Minneola, FL 34755

Title: DP
Wayne M. Turner
9040 Village Green Blvd.
Clermont, FL 34722

Title: V
Genie Coppage
P. O. Box 721 NA
Mascotte, FL 34753

Title: V
Rodney Drawdy
14631 Village Green Blvd.
Clermont, FL 34711

Title: V
Peggy Griffin
P. O. Box 985 NA
Tavares, FL 32778

Title: V
Katy Sue Lewis
8208 CR 109 D-1
Lady Lake, FL 32159

Title: V
Danny L. Summerlin
2221 Amherst Lane
Mt. Dora, FL 32757

Title: V
James C. West
810 Forestwood Drive
Clermont, FL 34711

Title: Controller
Deborah L. McKillop
510 Wekiva Landing Drive
Apopka, FL 32712

Title: Officer
Mary McGauley
370 Dubsdread Circle
Orlando, FL 32804

Title: Officer
Brenda Norquist
53 Sunnyside Drive
Clermont, FL 34711

Title: S
Miriam R. Story
5401 Lake Erie Road
Groveland, FL 34736