

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 018316 (0)
1. Corporation Name
PEOPLES STATE BANK OF GROVELAND

Principal Place of Business
200 E. BROAD ST.
GROVELAND FL 34736-2504

Mailing Address
PO BOX 38
GROVELAND FL 34736-0038
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1949	3a. Date of Last Report 07/09/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0605832	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD BAILEY, DONALD B 8510 BAILEY CLERMONT FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D LEININGER, BOB L. PINE ISLAND LK RD GROVELAND FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D GERACI, JANIE 1143 S KANSAS AVE GROVELAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D MCLIN, MARK I 1910 BRANTLEY CIRCLE CLERMONT FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D RICE, JEFFERY A PO BOX 87 NA GROVELAND FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VD FAIRCHILD, JOE E., JR. 231 E POMELO ST GROVELAND FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	470 E. WALDO STREET
CITY - ST - ZIP		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: Donald B. McKelvey CONTROLLER 3/19/97 352/429-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**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
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
Brenda Norquist
53 Sunnyside Drive
Clermont, FL 34711

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