

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

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Mar 12 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 # 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/14/1949
4. FEI Number 59-0605832		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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		

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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BAILEY, DONALD B 470 E WALDO STREET CLERMONT FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD Donald B. Bailey 8510 Bailey Drive Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEININGER, BOB L. PINE ISLAND LK RD GROVELAND FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Bob L. Leininger P.O. Box 494 Groveland, FL 34736
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERACI, JANIE 1143 S KANSAS AVE GROVELAND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Stephen W. Parrish 1340 Highway 27 Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLIN, MARK I 1910 BRANTLEY CIRCLE CLERMONT FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D Wayne M. Turner 11119 Preston Cove Road Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICE, JEFFERY A PO BOX 67 NA GROVELAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FAIRCHILD, JOE E., JR. 231 E POMELO ST GROVELAND FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Joe E. Fairchild 470 East Waldo Street Groveland, FL 34736

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 unchanged, or on an attachment with an address.

SIGNATURE: *Joe E. Fairchild, Jr.* **Joe E. Fairchild, Jr.** **March 4, 1998 (352)429-2131**

CR2E034 (10/97)