

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

DOCUMENT # 018316

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90108 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1949

4. FEI Number

59-0605832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME BAILEY, DONALD B
STREET ADDRESS 8510 BAILEY DRIVE
CITY-ST-ZIP CLERMONT FL 34711

☐ DELETE

1.1 TITLE D
1.2 NAME Stephen W. Parrish
1.3 STREET ADDRESS 1340 Hwy. 27
1.4 CITY-ST-ZIP Clermont, FL 34711

☐ Change ☒ Addition

TITLE D
NAME LEININGER, BOB L.
STREET ADDRESS P.O. BOX 494 N/A
CITY-ST-ZIP GROVELAND FL 34736

☐ DELETE

2.1 TITLE D
2.2 NAME Wayne M. Turner
2.3 STREET ADDRESS 11119 Preston Cove Road
2.4 CITY-ST-ZIP Clermont, FL 34711

☐ Change ☒ Addition

TITLE D
NAME GERACI, JANIE
STREET ADDRESS 1143 S KANSAS AVE
CITY-ST-ZIP GROVELAND FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCLIN, MARK I
STREET ADDRESS 1910 BRANTLEY CIRCLE
CITY-ST-ZIP CLERMONT FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RICE, JEFFERY A
STREET ADDRESS PO BOX 67 NA
CITY-ST-ZIP GROVELAND FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FAIRCHILD, JOE E., JR.
STREET ADDRESS 470 EAST WALDO STREET
CITY-ST-ZIP GROVELAND FL 34736

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1999 (352)429-2131

Date

Daytime Phone #

CR2E034 (1/98)