

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90155 032 ***150.00

DOCUMENT # 124146

1. Entity Name
J.C. VEREEN & SONS, INC.



Principal Place of Business
**TRUST BANKING GROUP
210 SECURITY SQUARE
WINTER HAVEN FL 33880**

Mailing Address
**210 SECURITY SQUARE
ATTN: PRIVATE CLIENT SERVICES
WINTER HAVEN FL 33880**



2. Principal Place of Business
Private Client Services

3. Mailing Address

Suite, Apt. #, etc.
210 Security Square

Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State

Zip
33880

Country

Zip

Country

4. FEI Number **59-0493755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SUN TRUST BANK, MID-FLORIDA, N.A.
TRUST & INVESTMENT SERVICES
210 SECURITY SQUARE
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name
SunTrust Bank
Street Address (P.O. Box Number is Not Acceptable)
Private Client Services
210 Security Square
City
Winter Haven **FL** Zip Code
33880

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vereen A. Dennis* (Vereen A. Dennis)

1/13/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **ANDREWS, JESSIE LOUISE**
STREET ADDRESS **253 EAST MAIN STREET**
CITY-ST-ZIP **ELKTON MD 21921**

TITLE **S** ☐ Delete
NAME **DENNIS, VEREEN**
STREET ADDRESS **2 SOUTH BOURNE COURT**
CITY-ST-ZIP **GREENVILLE SC 29607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vereen A. Dennis* (Vereen A. Dennis) 1/13/03 (864) 277-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)