

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

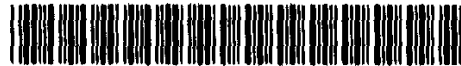
FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 228215 (0)
1. Corporation Name
MERCHANTS AND SOUTHERN BANK



Principal Place of Business
3631 N. MAIN ST
GAINESVILLE FL 32609
US

Mailing Address
P.O. BOX 5278
GAINESVILLE FL 32602-5278
US

3. Date Incorporated or Qualified 09/22/1959 3a. Date of Last Report 05/01/1996
4. FEI Number 59-0874267 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 N.W. 27TH LANE
GAINESVILLE FL 32606

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 607.0507 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	VC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINI, G.T.	1.2 NAME	
STREET ADDRESS	2040 NW 87TH PL	1.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32653	1.4 CITY- ST- ZIP	
TITLE	PC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, DENNIS F.	2.2 NAME	
STREET ADDRESS	5010 NW 43RD STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32606	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, RONALD A.	3.2 NAME	
STREET ADDRESS	4127 NW 27TH LN	3.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32653	3.4 CITY- ST- ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, DENNIS R	4.2 NAME	
STREET ADDRESS	2040 NW 87TH PLACE	4.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32653	4.4 CITY- ST- ZIP	
TITLE	SVC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, CHERYL L	5.2 NAME	
STREET ADDRESS	2040 NW 87TH PL	5.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32653	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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:

Cheryl A. Whalen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97
Date

(352) 378-6227
Daytime Phone #

0068346

CR2E034 (9/96)