


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

FILED

Feb 04 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1959	
21		26		4. FEI Number 59-0874267	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	5608 N.W. 43RD STREET
				84 City	GAINESVILLE FL
				85 Zip Code	32653

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	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 67TH 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, RONALD A.	3.2 NAME	
STREET ADDRESS	4127 NW 27TH LN	3.3 STREET ADDRESS	5608 N.W. 43RD STREET
CITY-ST-ZIP	GAINESVILLE FL 32653	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	C <input checked="" 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 67TH 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 67TH 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED 1/28/98 (352) 376-9259

CR2E034 (10/97)