

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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**FILED**  
**Apr 23, 1996 08:00 AM**  
Secretary of State

**DOCUMENT # 229926 (1)**  
1. Corporation Name  
**FIRST BANK OF INDIANTOWN**



Principal Place of Business: **15588 S W WARFIELD BLVD P O BOX 365 INDIANTOWN FL 34956**  
Mailing Address: **15588 S W WARFIELD BLVD P O BOX 365 INDIANTOWN FL 34956**

3. Date Incorporated or Qualified: **11/06/1959** 3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **59-0879274** 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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**APPLETON, EDWARD C.  
15588 SW WARFIELD BLVD  
INDIANTOWN FL 34956**

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 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SV	<input type="checkbox"/> DELETE
NAME	CULBERSON, BARBARA	
STREET ADDRESS	155SE 36TH TERR.	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	POST, JR. R	
STREET ADDRESS	61 SE HARBOR PT. DRIVE	
CITY - ST - ZIP	STUART FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	APPLETON, EDWARD C.	
STREET ADDRESS	15588 SW WARFIELD BLVD.	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	CHILSON, MILDRED	
STREET ADDRESS	SPRING HAVEN ESTATES	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barbara Culberson* 4/16/96 (407) 597-2181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E034 (12/95)

229926

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ATTACHMENT

CORPORATION ANNUAL REPORT - 1995  
FIRST BANK OF INDIANTOWN

12. Names and addresses of Officers and Directors  
December 31, 1995

OFFICERS & DIRECTORS

7.1	TITLE	D
7.2	NAME	Wm. A. Oughterson
7.3	ADDRESS	310 S.W. Ocean Blvd.
7.4	CITY-STATE-ZIP	Stuart, FL 34994
8.1	TITLE	D
8.2	NAME	George C. Young, Jr.
8.3	ADDRESS	6832 S.W. Lasso Lane
8.4	CITY-STATE-ZIP	Palm City, FL 34990
9.1	TITLE	D
9.2	NAME	Thomas J. Higgins
9.3	ADDRESS	2300 S.E. St. Lucie Boulevard
9.4	CITY-STATE-ZIP	Stuart, FL 34996
10.1	TITLE	VP & Sr. Loan Officer
10.2	NAME	Larry Stevens
10.3	ADDRESS	1420 Ocean Way, 11-C
10.4	CITY-STATE-ZIP	Jupiter, FL 33477
11.1	TITLE	VP
11.2	NAME	Gloria Zucaro
11.3	ADDRESS	3015 N.E. Loquat Lane
11.4	CITY-STATE-ZIP	Jensen Beach, FL 34957
12.1	TITLE	D
12.2	NAME	Jeffrey Leslie
12.3	ADDRESS	4153 Wingo St.
12.4	CITY-STATE-ZIP	Tequesta, FL 33469
13.1	TITLE	VP
13.2	NAME	Kelli Marcum
13.3	ADDRESS	8631 SE Sandcastle Circle
13.4	CITY-STATE-ZIP	Hobe Sound, FL 33455

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**12. Names and addresses of Officers and Directors  
December 31, 1995  
Page Two**

<b>14.1</b>	<b>TITLE</b>	<b>D</b>
<b>14.2</b>	<b>NAME</b>	<b>Dr. William B. Wilcox</b>
<b>14.3</b>	<b>ADDRESS</b>	<b>PO Box 308</b>
<b>14.4</b>	<b>CITY-STATE-ZIP</b>	<b>Palm City, FL 34990</b>