

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. Morham Secretary of State DIVISION OF CORPORATIONS
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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 34956-0365
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3. Date Incorporated or Qualified 11/06/1959	3a. Date of Last Report 04/23/1996
4. FEI Number 59-0879274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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
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 _____
Signature typed or printed name of registered agent and title if applicable (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 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: *Barbara Culberson* **4/7/97** **(561) 597-2181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ATTACHMENT

CORPORATION ANNUAL REPORT - 1998
FIRST BANK OF INDIANTOWN

OFFICERS AND 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 Blvd.
9.4	CITY-STATE-ZIP	Stuart, FL 34996
10.1	TITLE	D
10.2	NAME	Jeffrey Leslie
10.3	ADDRESS	4153 Wingo St.
10.4	CITY-STATE-ZIP	Tequesta, FL 33469
11.1	TITLE	D
11.2	NAME	Dr. William B. Wilcox
11.3	ADDRESS	P.O. Box 308
11.4	CITY-STATE-ZIP	Palm City, FL 34990
12.1	TITLE	D
12.2	NAME	Joyce Hobson
12.3	ADDRESS	275 John Knox Rd., S. 107
12.4	CITY-STATE-ZIP	Tallahassee, FL 32303
13.1	TITLE	EVP
13.2	NAME	Frederick Martin
13.3	ADDRESS	17375 Thunder Rd.
13.4	CITY-STATE-ZIP	Jupiter, FL 33478-5301
14.1	TITLE	VP
14.2	NAME	Gloria Zucaro
14.3	ADDRESS	3015 N.E. Loquat Lane
14.4	CITY-STATE-ZIP	Jensen Beach, FL 34957
15.1	TITLE	VP
15.2	NAME	Kelli Marcum
15.3	ADDRESS	8631 Sandcastle Circle
15.4	CITY-STATE-ZIP	Hobe Sound, FL 33455
16.1	TITLE	AC
16.2	NAME	Nikki Beisler
16.3	ADDRESS	24 S.W. Briaroak Trail
16.4	CITY-STATE-ZIP	Palm City, FL 34990