


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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90095 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 229926

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1959	
21	26	4. FEI Number 59-0879274		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 Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
APPLETON, EDWARD C. 15588 SW WARFIELD BLVD INDIANTOWN FL 34956				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERSON, BARBARA	1.2 NAME	
STREET ADDRESS	155SE 36TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, JR. R	2.2 NAME	
STREET ADDRESS	61 SE HARBOR PT. DRIVE	2.3 STREET ADDRESS	The Admiralty, 1130 SW Chapman Way, #509
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLETON, EDWARD C.	3.2 NAME	
STREET ADDRESS	15588 SW WARFIELD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILSON, MILDRED	4.2 NAME	
STREET ADDRESS	SPRING HAVEN ESTATES	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDINTOWN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: Barbara Culbertson Date: 3/22/99 Daytime Phone #: 561-597-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

27160a-90095-35
229926

ATTACHMENT - 13.

CORPORATION ANNUAL REPORT - 1999
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 306
11.4	CITY-STATE-ZIP	Palm City, FL 34990
12.1	TITLE	D
12.2	NAME	Joyce Hobson
12.3	ADDRESS	425 West Gaines St., S#914
12.4	CITY-STATE-ZIP	Tallahassee, FL 32303
13.1	TITLE	EVP & Sr. Loan Officer
13.2	NAME	Richard E. Meyer
13.3	ADDRESS	224 Wingo Street
13.4	CITY-STATE-ZIP	Tequesta, FL 33469
14.1	TITLE	VP
14.2	NAME	Robert B. Tankersley
14.3	ADDRESS	6621 Pierpont Drive
14.4	CITY-STATE-ZIP	Lake Worth, FL 33467-7940
15.1	TITLE	D
15.2	NAME	Blair Bynum
15.3	ADDRESS	PO Box 966
15.4	CITY-STATE-ZIP	Indiantown, FL 34956
16.1	TITLE	Controller
16.2	NAME	Nikki Beisler
16.3	ADDRESS	24 S.W. Briaroak Trail
16.4	CITY-STATE-ZIP	Palm City, FL 34990