2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # 229926 1. Entity Name FIRST BANK OF INDIANTOWN 03-12-2001 90448 025 ***150.00 Mailing Address Principal Place of Business 15588 S W WARFIELD BLVD 15588 S W WARFIELD BLVD P O BOX 365 P O BOX 365 INDIANTOWN FL 34956 INDIANTOWN FL 34956 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0879274 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APPLETON, EDWARD C. Street Address (P.O. Box Number is Not Acceptable) 15588 SW WARFIELD BLVD INDIANTOWN FL 34956 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME CULBERSON, BARBARA STREET ADDRESS STREET ADDRESS 155SE 36TH TERR. CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL ☐ Change ☐ Addition Delete TITLE TITLE DC NAME NAME POST, JR. R STREET ADDRESS STREET ADDRESS 1130 SW CHAPMAN WAY, #509 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition Change ☐ Delete DP. APPLETON, EDWARD C. NAME NAME STREET ADDRESS STREET ADDRESS 15588 SW WARFIELD BLVD. CITY-ST-ZIP CITY-ST-ZIP INDIANTOWN FL ☐ Addition Change ☐ Delete TITLE TITLE A۷ NAME NAME CHILSON, MILDRED STREET ADDRESS STREET ADDRESS SPRING HAVEN ESTATES CITY-ST-ZIP CITY-ST-ZIP INDINTOWN FL ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Appleton 3-7-0/54-597-218/
SIGNATURE AND TYPED FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if