# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 11:43

DOCUMENT # 260115 (1)

1. Corporation Name
HENDRY COUNTY BANK

Principal Place of Business
155 NORTH BRIDGE ST.
LABELLE FL 33935

Mailing Address
155 NORTH BRIDGE ST.
P. O. BOX 2020
LABELLE FL 33935
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1962
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-0970012 — 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

9. Name and Address of Current Registered Agent
ROBERT L YEOMANS, JR
1840 FT. DENAUD RD.
LABELLE FL 33935

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 R. L. YEOMANS, JR. 1-31-95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | EAD | 1.1 TITLE | D/EVP | ☒ Change ☐ Addition |
| NAME | RASMUSSEN, BERNARD(EX-AD | 1.2 NAME | RASMUSSEN, BERNARD | |
| STREET ADDRESS | 4535 FT. DENAUD RD. | 1.3 STREET ADDRESS | 4535 FT DENAUD RD | |
| CITY-ST-ZIP | LABELLE FL | 1.4 CITY-ST-ZIP | LA BELLE, FL | |
| TITLE | VCD | 2.1 TITLE | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ☐ Change ☒ Addition |
| NAME | PERRY, THOMAS | 2.2 NAME | XXXXXXXXXXXXXXX | |
| STREET ADDRESS | HIGHWAY 27 N | 2.3 STREET ADDRESS | XXXXXXXXXXXX | |
| CITY-ST-ZIP | MOORE HAVEN FL | 2.4 CITY-ST-ZIP | | |
| TITLE | PD | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | CURTIS, K J | 3.2 NAME | LANGFORD, PATRICK B | |
| STREET ADDRESS | ROUTE 2 BOX 411 | 3.3 STREET ADDRESS | 354 CALOOSA DR | |
| CITY-ST-ZIP | LABELLE FL | 3.4 CITY-ST-ZIP | LA BELLE, FL | |
| TITLE | CD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NOBLES, LEWIS J., JR. | 4.2 NAME | | |
| STREET ADDRESS | FT. THOMPSON AVE. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LABELLE FL | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YEOMANS, ROBERT L,JR(CEO | 5.2 NAME | | |
| STREET ADDRESS | 1840 FT. DENAUD RD. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LABELLE FL | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIDSON, BEAUFORD | 6.2 NAME | | |
| STREET ADDRESS | LEE ST. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LABELLE FL | 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: Bernard T. Rasmussen 1-31-95 (813)675-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BERNARD T. RASMUSSEN Exec. VP

0481021 FP