

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 451114 (3)

1. Corporation Name
LIBERTY BANK



Principal Place of Business: 201 N PALAFOX ST, P.O. BOX 13210, PENSACOLA FL 32591-0210
Mailing Address: 201 N PALAFOX ST, P.O. BOX 13210, PENSACOLA FL 32591-0210

3. Date Incorporated or Qualified: 04/29/1974
3a. Date of Last Report: 01/23/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-1510396	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" 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	29. Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	30. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHERRSON, DELORIES R. 116 1/2 S PALAFOX ST PENSACOLA FL 32501	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code
	FL

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVPR Delete Director title only	1.1 TITLE	President, CEO & Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHERRSON, DELORIES R	1.2 NAME	Jerry W. Morrison
STREET ADDRESS	116 1/2 S. PALAFOX STREET	1.3 STREET ADDRESS	1145 Sawgrass Drive
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Gulf Breeze, Florida 32561
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, WILLIAM	2.2 NAME	C. Dale Mansfield
STREET ADDRESS	411 N SUNSET BLVD	2.3 STREET ADDRESS	605 Meander Circle
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	Cantonment, Florida 32533
TITLE	EVPR Director title only <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, LONNIE	3.2 NAME	Richard A. Davis
STREET ADDRESS	1203 E. HERNANDEZ ST	3.3 STREET ADDRESS	2434 Bayshore Drive
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Gulf Breeze, Florida 32561
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAIT, THOMAS D	4.2 NAME	Lewis Doman
STREET ADDRESS	8509 PUNTA LORA	4.3 STREET ADDRESS	1213 Willowood Drive
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Gulf Breeze, Florida 32561
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, WILSON B	5.2 NAME	Robert E. Boothe, Jr.
STREET ADDRESS	9181 WOODRUN PL	5.3 STREET ADDRESS	9300 Neuman Drive
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Elberta, AL 36530
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WILDER, MARTHA	6.2 NAME	
STREET ADDRESS	332 DEER POINT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE 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: *Delories R. Richerrson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1-22-96 Daytime Phone #: 904-425-6798

CR2E034 (12/95)