

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465683

FILED
Feb 23, 2004
Secretary of State

Entity Name: THE TALLAHASSEE STATE BANK

Current Principal Place of Business:

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-1562868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, W. BOOKER
516 S RIDE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STITH, MELVIN
Address: 2588 NOBLE DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: GARDNER, CHARLES R
Address: 1731 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: MCCLURE, JEANNIE
Address: 8420 AUGUSTWOOD LANE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: CALLAWAY, JIMMIE,
Address: 3031 LAKESHORE DR.
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BEVERLY, JOE E
Address: 1132 GORDON AVE
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: WEEDEN, SHARON
Address: 3049 O'BRIEN DR.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WEEDEN

D

02/23/2004

Electronic Signature of Signing Officer or Director

Date