

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 465683

1. Entity Name
THE TALLAHASSEE STATE BANK



Principal Place of Business
2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

64042006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1562868

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000073988780

05/04/06--01019--031 **\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CROOMS, JEFFREY MD
STREET ADDRESS 1232 PENNYLANE
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE D
NAME Arun Kundra
STREET ADDRESS 132 Summerbrook Dr
CITY-ST-ZIP Tallahassee, FL ☐ Change ☒ Addition

TITLE D
NAME GARDNER, CHARLES R
STREET ADDRESS 1731 ARMISTEAD PLACE
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE D
NAME William Durham
STREET ADDRESS 2504 Centerville Ct
CITY-ST-ZIP Tallahassee, FL ☐ Change ☒ Addition

TITLE S
NAME MCCLURE, JEANNIE
STREET ADDRESS 8420 AUGUSTWOOD LANE
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE C/D
NAME William B. Moore
STREET ADDRESS 516 S. Ride
CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☒ Addition

TITLE D
NAME CALLAWAY, JIMMIE
STREET ADDRESS 3031 LAKESHORE DR.
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE D
NAME David Saint MD
STREET ADDRESS 9225 Lantern Light Rd
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Change ☒ Addition

TITLE D
NAME BEVERLY, JOE E
STREET ADDRESS 1132 GORDON AVE
CITY-ST-ZIP THOMASVILLE, GA 31792 ☒ Delete

TITLE E/P/D
NAME Bill Moore
STREET ADDRESS 332 Desoto St
CITY-ST-ZIP Tallahassee, FL ☐ Change ☒ Addition

TITLE D
NAME WEEDEN, SHARON
STREET ADDRESS 3049 O'BRIEN DR.
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE P/D
NAME Weeden Sharon
STREET ADDRESS 3049 O'Brien Dr
CITY-ST-ZIP Tallahassee, FL ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Weeden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 850-205-5161

Date Daytime Phone #

FILED

06 APR -7 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

