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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465683

1. Entity Name
THE TALLAHASSEE STATE BANK

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

☒ CHECK HERE IF MAKING CHANGES

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

MOORE, W. BOOKER
616 S RIDE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
An Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITION	
TITLE	D	☐ Delete	TITLE	
NAME	STITH, MELVIN		NAME	
STREET ADDRESS	2588 NOBLE DR.		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	000024634530 11/13/03--01001--011 **26.25
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARDNER, CHARLES R.		NAME	
STREET ADDRESS	1731 ARMISTEAD PLACE		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	
TITLE	VS	☒ Delete	TITLE	S ☐ Change ☒ Addition
NAME	DEVANE-KIGHT, MELODY		NAME	McClure, Jeannie
STREET ADDRESS	1349 LAWNDALE RD		STREET ADDRESS	8420 Augustwood Lane,Tallahassee, Fl
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALLAWAY, JIMMIE		NAME	
STREET ADDRESS	3031 LAKESHORE DR.		STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BEVERLY, JOE E		NAME	10/31/03--01090--001 **35.00
STREET ADDRESS	1132 GORDON AVE		STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 31792		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	CROOMS, JEFFREY W		NAME	Weeden, Sharon
STREET ADDRESS	1232 PENNY LANE		STREET ADDRESS	3049 O'Brien Dr.,Tallahassee, FL
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EVP 11/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/13/03