


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 472072 (8)
1. Corporation Name
C & L BANK OF BRISTOL

Principal Place of Business HWY 20 & BAKER ST BRISTOL FL 32321 US	Mailing Address P.O. BOX 550 BRISTOL FL 32321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/18/1975	
4. FEI Number 59-1581709		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HIERS, JED M.
HWY 20 & BAKER STREET
BRISTOL, FL
32321**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JERRY M	1.2 NAME	
STREET ADDRESS	4 N MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUGLAS R., JR.	2.2 NAME	
STREET ADDRESS	HWY 12 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, J. W., JR.	3.2 NAME	
STREET ADDRESS	2094 WILDRIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIERS, JED M	4.2 NAME	
STREET ADDRESS	HWY 20 & BAKER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELL, GORDON P	5.2 NAME	
STREET ADDRESS	ROBYN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYSON, A. GERALD	6.2 NAME	
STREET ADDRESS	HWY 20 EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	6.4 CITY-ST-ZIP	

14. 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 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:

Sylvia H. Gates **RES SYLVIA H. GATES**

1/24/98 (850) 643-2221

CR2E034 (10/97)

C & L BANK OF BRISTOL
BRISTOL, FL

CONTINUATION TO CORPORATION ANNUAL REPORT

<u>TITLE</u>	<u>NAME OF OFFICER/DIRECTOR</u>	<u>ADDRESS</u>
D	<i>J. W. WEAVER, SR.</i>	HWY 12 S BRISTOL, FL
D	<i>R. MALONE PEDDIE</i>	HWY 20 HOSFORD, FL
V/S	<i>SYLVIA H. GATES</i>	724 W. SHERRY AVE. BLOUNTSTOWN, FL
V	<i>CLARA O. SHULER</i>	CORNER OF PEDDIE & ROBERTS STREETS HOSFORD, FL