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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 472072

1. Corporation Name
C & L BANK OF BRISTOL

Principal Place of Business Mailing Address
HWY 20 & BAKER ST P.O. BOX 550
BRISTOL FL 32321 BRISTOL FL 32321
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1975

4. FEI Number **59-1581709** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 _____ (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	D <input type="checkbox"/> DELETE	2.1 TITLE	DC <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	DC <input type="checkbox"/> DELETE	5.1 TITLE	D <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)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **PSYCHIC GATES** 3/1/99 (850)643-2221

CR2E034 (11/98)

237884-90034-11
472072

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	R. MALONE PEDDIE	HWY 12 S BRISTOL, FL
V/S	SYLVIA H. GATES	724 W. SHERRY AVE. BLOUNTSTOWN, FL
V	CLARA O. SHULER	CORNER OF PEDDIE & ROBERTS STREET HOSFORD, FL
V	LISA A. VICKERS	HWY 65 S. HOSFORD, FL