

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 846652 (6)

1. Corporation Name

ESCAMBIA COUNTY BANK, INCORPORATED



Principal Place of Business

Mailing Address

P.O. BOX 601  
RINGOLD AT PALAFOX  
FLOMATON AL 36441

P.O. BOX 601  
RINGOLD AT PALAFOX  
FLOMATON AL 36441

3. Date Incorporated or Qualified 08/04/1980  
3a. Date of Last Report 01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number 63-0068160  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUCKEY, R.J. JR.  
750 BRIGGS BLVD.  
CENTURY FL 32535

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 *R.J. Stuckey, Jr.* R.J. Stuckey, Jr. - Director February 15, 1996  
Signature of person making appointment and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES R.	1.2 NAME	
STREET ADDRESS	BOX 594, HWY. 31 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	FLOMATON AL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, NETTIE	2.2 NAME	
STREET ADDRESS	BOX 643, 203 STATELINE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FLOMATON AL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Charles J. McCutchin
STREET ADDRESS		3.3 STREET ADDRESS	3859 Old Atmore Road
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Flomaton AL 36441
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Walter A. DeWitt
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 1134
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Flomaton AL 36441
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ruth George
STREET ADDRESS		5.3 STREET ADDRESS	554 Dogwood Road
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Brewton AL 36426
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*James R. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(334) 296-5356

February 15, 1996

Date Daytime Phone #

CR2E034 (12/95)