

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846652** (6)

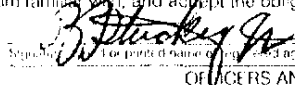
1. Corporation Name
ESCAMBIA COUNTY BANK, INCORPORATED

Principal Place of Business P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441	Mailing Address P.O. BOX 601 RINGOLD AT PALAFOX FLOMATON AL 36441-0601
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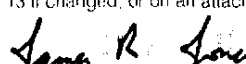


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1980	3a. Date of Last Report 02/21/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 63-0068160	Applied For ☐ Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent STUCKEY, R.J. JR. 750 BRIGGS BLVD. CENTURY FL 32535				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					
TITLE	PC	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	JONES, JAMES R.		1.1 TITLE	☒ Change ☐ Addition	
STREET ADDRESS	BOX 594, HWY. 31 SOUTH		1.2 NAME		
CITY-ST-ZIP	FLOMATON AL		1.3 STREET ADDRESS	Box 594, 89 Red Maple Drive	
TITLE	V	☐ DELETE	1.4 CITY-ST-ZIP		
NAME	SCOTT, NETTIE		2.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	BOX 643, 203 STATELINE RD		2.2 NAME		
CITY-ST-ZIP	FLOMATON AL		2.3 STREET ADDRESS		
TITLE	V	☐ DELETE	2.4 CITY-ST-ZIP		
NAME	MCCUTCHIN, CHARLES J.		3.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	3859 OLD ATMORE ROAD		3.2 NAME		
CITY-ST-ZIP	FLOMATON AL		3.3 STREET ADDRESS		
TITLE	DV	☐ DELETE	3.4 CITY-ST-ZIP		
NAME	DEWITT, WALTER A.		4.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	PO BOX 1134		4.2 NAME		
CITY-ST-ZIP	FLOMATON AL		4.3 STREET ADDRESS	222 Red Maple Drive	
TITLE	DS	☐ DELETE	4.4 CITY-ST-ZIP		
NAME	GEORGE, RUTH		5.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	554 DOGWOOD RD		5.2 NAME		
CITY-ST-ZIP	BREWTON AL		5.3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I do 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:  **RECORDED**

Date Daytime Phone #

0499400

CR2E034 (9/96)