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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 36441-0601

3. Date Incorporated or Qualified: **08/04/1980**
3a. Date of Last Report: **02/21/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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 R. J. Stuckey Jr. (NOTE: Registered Agent signature required when reinstating) DATE
Signature of new registered agent, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JONES, JAMES R.		1.2 NAME		
STREET ADDRESS	BOX 594, HWY. 31 SOUTH		1.3 STREET ADDRESS	Box 594, 89 Red Maple Drive	
CITY-ST-ZIP	FLOMATON AL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCUTCHIN, CHARLES J.		3.2 NAME		
STREET ADDRESS	3859 OLD ATMORE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FLOMATON AL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, WALTER A.		4.2 NAME		
STREET ADDRESS	PO BOX 1134		4.3 STREET ADDRESS	222 Red Maple Drive	
CITY-ST-ZIP	FLOMATON AL		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GEORGE, RUTH		5.2 NAME		
STREET ADDRESS	554 DOGWOOD RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BREWTON AL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Jana R. Jones BE CURRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0499400