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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90085 048 \*\*\*150.00

DOCUMENT # 846652

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1980

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

April 14, 1999

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 PC ☐ DELETE

NAME JONES, JAMES R.  
STREET ADDRESS 89 RED MAPLE DR, BOX 594  
CITY-ST-ZIP FLOMATON AL

TITLE V ☐ DELETE

NAME SCOTT, NETTIE  
STREET ADDRESS BOX 643,203 STATELINE RD  
CITY-ST-ZIP FLOMATON AL

TITLE V ☐ DELETE

NAME MCCUTCHIN, CHARLES J.  
STREET ADDRESS 3859 OLD ATMORE ROAD  
CITY-ST-ZIP FLOMATON AL

TITLE DV ☐ DELETE

NAME DEWITT, WALTER A.  
STREET ADDRESS 222 RED MAPLE DR  
CITY-ST-ZIP FLOMATON AL

TITLE DS ☐ DELETE

NAME GEORGE, RUTH  
STREET ADDRESS 554 DOGWOOD RD  
CITY-ST-ZIP BREWTON AL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED James R. Jones

April 14, 1999

(334) 296-5356

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/98)