

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

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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F70875** (2)
1. Corporation Name
FIRST ALACHUA BANKING CORPORATION



Principal Place of Business Mailing Address
US 441 & NE 1ST ST
P.O. BOX 219
ALACHUA FL 32615

3. Date Incorporated or Qualified **03/12/1982** 3a. Date of Last Report **03/27/1996**
4. FEI Number **59-2219704** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 Country 25 Country 29 Country 30 Country

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
SMITH, JERRY M
3426 CREEK DR. W. - TURKEY CREEK
ALACHUA FL 32615
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's signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	SMITH, JERRY M	1.2 NAME	
STREET ADDRESS	3426 CREEK DR. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	HITCHCOCK, ROBERT A	2.2 NAME	HITCHCOCK, ROBERT ALAN
STREET ADDRESS	17006 N.W. 171ST PLACE	2.3 STREET ADDRESS	17006 NW 171 PLACE
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D	3.1 TITLE	
NAME	CAYSON, GERALD	3.2 NAME	
STREET ADDRESS	HWY 20 EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BEVIS, FRANK	4.2 NAME	
STREET ADDRESS	232 SW 30TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/29/97 904/462/04/

CR2E034 (9/96)