FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96829 (9)

1. Corporation Name
FMB BANKING CORPORATION

Principal Place of Business	Mailing Address
200 E. WASHINGTON STREET P.O. BOX 340 MONTICELLO FL 32344-340 US	200 E. WASHINGTON STREET P.O. BOX 340 MONTICELLO FL 32345-340 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1982	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2354574	☐ 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	

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

9. Name and Address of Current Registered Agent

WRIGHT, L GARY
200 E. WASHINGTON STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	☐ Change ☐ Addition
NAME	CARRAWAY F. T. JR.	1.2 NAME	
STREET ADDRESS	1704 THOMASVILLE RD #119	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, L GARY	2.2 NAME	
STREET ADDRESS	RT 4 LLOYD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONITCELLO, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BASSETT, W.W., JR.	3.2 NAME	D Sims, R. Michael
STREET ADDRESS	RT 2 BOX 17-A	3.3 STREET ADDRESS	Rt 4 Box 4186
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	Monticello FL 32344
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BIRD, T. BUCKINGHAM	4.2 NAME	
STREET ADDRESS	S. CHERRY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, JOHN E	5.2 NAME	
STREET ADDRESS	625 W. PALMER MILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DEMOTT, HERBERT G.	6.2 NAME	
STREET ADDRESS	RT 1 BOX 197-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	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)(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: L. Gary Wright Jr. March 17, 1995 904 997-2571
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0400770 FP