

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 04, 1996 08:00 AM
Secretary of State

DOCUMENT # F96829

(9)

1. Corporation Name

FMB BANKING CORPORATION

Principal Place of Business

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32344-340
US

Mailing Address

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32345-340
US

3. Date Incorporated or Qualified

08/25/1982

3a. Date of Last Report

03/22/1995

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502, Florida Statutes.

SIGNATURE

L. Gary Wright
Signature typed (printed name of registered agent and title in parentheses)

(NOTE: Registered Agent signature required when re-registering)

1-24-1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT ☐ DELETE
NAME CARRAWAY F. T. JR.
STREET ADDRESS 1704 THOMASVILLE RD #119
CITY-STATE-ZIP TALLAHASSEE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE
NAME WRIGHT, L. GARY
STREET ADDRESS RT 4 LLOYD RD
CITY-STATE-ZIP MONTICELLO, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME SIMS, R. MICHAEL
STREET ADDRESS RT 4 BOX 4188 N/A
CITY-STATE-ZIP MONTICELLO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME BIRD, T. BUCKINGHAM
STREET ADDRESS S. CHERRY STREET
CITY-STATE-ZIP MONTICELLO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME HAWKINS, JOHN E
STREET ADDRESS 625 W. PALMER MILL RD
CITY-STATE-ZIP MONTICELLO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME DEMOTT, HERBERT G.
STREET ADDRESS RT 1 BOX 197-A
CITY-STATE-ZIP MONTICELLO FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

L. Gary Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-1996
Date

Daytime Phone #

CR2E034 (12/95)