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Feb 03 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 # 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 32345-0340  
US



2. Principal Place of Business

21 Suite Apt. # etc

22 City & State

23 Zip  
32345-0340

24 Country  
Jefferson

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country  
Jefferson

3. Date Incorporated or Qualified  
08/25/1982

3a. Date of Last Report  
03/04/1996

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

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

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

Signature, typed or printed name of registered agent and fee, if applicable

L. Gary Wright

1-29-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE D  
NAME SIMS, R. MICHAEL  
STREET ADDRESS RT 4 BOX 4186 N/A  
CITY-ST-ZIP MONTICELLO FL

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

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 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:

*L. Gary Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED L. Gary Wright

1-29-97

Date

Daytime Phone #

CR2E034 (9/96)