

MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90077 002 ***150.00

DOCUMENT # F96829

1. Corporation Name

FMB BANKING CORPORATION

Principal Place of Business

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO FL 32345-0340
US

Mailing Address

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

4. FEI Number

59-2354574

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	CARRAWAY F. T. JR.	
STREET ADDRESS	1704 THOMASVILLE RD #119	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WRIGHT, L. GARY	
STREET ADDRESS	RT 4 LLOYD RD	
CITY-ST-ZIP	MONTICELLO, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMS, R. MICHAEL	
STREET ADDRESS	RT. 4 BOX 4186 N/A	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRD, T. BUCKINGHAM	
STREET ADDRESS	S. CHERRY STREET	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, JOHN E	
STREET ADDRESS	625 W. PALMER MILL RD	
CITY-ST-ZIP	MONTICELLO FL	

TITLE	D	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sims

Date

Daytime Phone #

1-26-99

850-997-2591

CR2E034 (11/98)