

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96829

FILED
Mar 25, 2003
Secretary of State

Entity Name: FMB BANKING CORPORATION

Current Principal Place of Business:

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO, FL 323450340 US

New Principal Place of Business:

Current Mailing Address:

200 E. WASHINGTON STREET
P.O. BOX 340
MONTICELLO, FL 323450340 US

New Mailing Address:

FEI Number: 59-2354574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CARRAWAY, F.W. JR.
Address: 233 RIO VISTA DR
City-St-Zip: SOPCHOPPY, FL 32358

Title: PD () Delete
Name: WRIGHT, L. GARY,
Address: RT 4 LLOYD RD
City-St-Zip: MONTICELLO, FL 32344

Title: S () Delete
Name: SIMS, R. MICHAEL
Address: RT 4 BOX 4186 LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: BIRD, T. BUCKINGHAM,
Address: N JEFFERSON STREET
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: HAWKINS, JOHN E,
Address: 625 W. PALMER MILL RD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: DEMOTT, HERBERT G.,
Address: 910 GOVERNMENT FARM ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CARRAWAY, F.W. JR.
Address: 3775 GREYFIELD
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD (X) Change () Addition
Name: WRIGHT, L. GARY,
Address: OLD LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: S (X) Change () Addition
Name: SIMS, R. MICHAEL
Address: 586 LLOYD ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. GARY WRIGHT

PD

03/25/2003

Electronic Signature of Signing Officer or Director

Date