

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90045 011 ***150.00

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1. Entity Name
GULF STATE BANCORP



Principal Place of Business
**NORTHWEST CORNER OF US HWY., 98
(US 319) AND SECOND STREET
CARRABELLE, FL 32322**

Mailing Address
**NORTHWEST CORNER OF US HWY., 98
(US 319) AND SECOND STREET
CARRABELLE, FL 32322**

24028921



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2386876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBISON, JANE
GULF STATE BANCORP
73RD AVENUE E P.O. BOX 488
APALACHICOLA, FL 32329**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BUTLER, JOE W.
STREET ADDRESS	HC 62 BOX 38
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	P
NAME	BUTLER, CLIFF
STREET ADDRESS	145 N BAYSHORE DR
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	D
NAME	HOWELL, ROBERT L.
STREET ADDRESS	15 ADAMS STREET
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	D
NAME	JACKSON, GEORGE D.
STREET ADDRESS	OWENS AVENUE 201 NE 12th Street
CITY-ST-ZIP	CARRABELLE, FL
TITLE	S
NAME	ROBISON, JANE
STREET ADDRESS	2ND ST WEST
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/04

Date

(850) 653-2126

Daytime Phone #

Cliff Butler