

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G15980

(7)

1. Corporation Name

FARMERS BANCSHARES, INC.

FILED
JAN 27 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% PHILLIP N. HENRICKSON
P O BOX 128
MALONE FL 32445

% PHILLIP N. HENRICKSON
P O BOX 128
MALONE FL 32445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/30/1982

3a. Date of Last Report
01/26/1994

4. FEI Number
59-2312988

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

HENRICKSON, EVERETT C
HWY 71 N
MALONE FL 32445

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DST
NAME	MATHIS, CHARLES R.
STREET ADDRESS	P.O. BOX 156 N/A
CITY-ST-ZIP	MALONE FL
TITLE	DV
NAME	JORDAN JR, GREEN
STREET ADDRESS	TENTH ST PO BOX 122
CITY-ST-ZIP	MALONE, FL 00000
TITLE	D
NAME	HANCOCK, JOHN R
STREET ADDRESS	P.O. BOX 448 N/A
CITY-ST-ZIP	MARIANNA FL
TITLE	CD
NAME	HENRICKSON, PHILLIP H.
STREET ADDRESS	HWY 2 W. P.O. BOX 128 N/A
CITY-ST-ZIP	MALONE, FL 00000
TITLE	ED
NAME	PEACOCK, PEGGY
STREET ADDRESS	4887 MEADOWVIEW RD.
CITY-ST-ZIP	MARIANNA FL
TITLE	PD
NAME	HENRICKSON, EVERETT C
STREET ADDRESS	HWY 71 N
CITY-ST-ZIP	MALONE FL

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Jimmy J. Rodgers	
1.3 STREET ADDRESS	5474 Old US Road	
1.4 CITY-ST-ZIP	Malone, Fl. 32445	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

EVERETT C. HENRICKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-94

904-569-2264