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Jan 15 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 # **G15980** **(7)**

1. Corporation Name
FARMERS BANCSHARES, INC.

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 32445-0128

3. Date Incorporated or Qualified: 12/30/1982
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

9. Name and Address of Current Registered Agent

HENRICKSON, EVERETT C
HWY 71 N
MALONE FL 32445

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATHIS, CHARLES R.		1.2 NAME		
STREET ADDRESS	P.O. BOX 156		1.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN JR, GREEN		2.2 NAME		
STREET ADDRESS	TENTH ST PO BOX 122		2.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, JOHN R		3.2 NAME		
STREET ADDRESS	P.O. BOX 448		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENRICKSON, PHILLIP H.		4.2 NAME		
STREET ADDRESS	HWY 2 W. P.O. BOX 128		4.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	ED	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, PEGGY		5.2 NAME		
STREET ADDRESS	4667 MEADOWVIEW RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HENRICKSON, EVERETT C		6.2 NAME		
STREET ADDRESS	HWY 71 N		6.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Phillip N. Henrickson 1-10-97 (904) 569-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065640