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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1982

2. Principal Place of Business	2a. Mailing Address
21	26 EVERETT C. HENRICKSON
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27 P.O. BOX 345
City & State 23	City & State 28 GRACEVILLE, FLA
Zip 24 / Country 25	Zip 29 32440 / Country 30 JACKSON

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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) ROUTE 2 83 84 City GRACEVILLE FL 85 Zip Code 32440

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☒ DELETE	1.1 TITLE	DST	☐ Change ☒ Addition
NAME	MATHIS, CHARLES R.		1.2 NAME	JIMMY J. RODGERS	
STREET ADDRESS	P.O. BOX 156		1.3 STREET ADDRESS	P.O. BOX 128 5910 OLD US HIGHWAY	
CITY-ST-ZIP	MALONE FL		1.4 CITY-ST-ZIP	MALONE, FLA 32445	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN JR, GREEN		2.2 NAME		
STREET ADDRESS	5443 TENTH ST PO BOX 122		2.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE, FL 00000 32445		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HANCOCK, JOHN R		3.2 NAME	K.W. SMITH	
STREET ADDRESS	P.O. BOX 448		3.3 STREET ADDRESS	5840 4TH STREET	
CITY-ST-ZIP	MARIANNA FL		3.4 CITY-ST-ZIP	MALONE, FLA 32445	
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENRICKSON, PHILLIP H.		4.2 NAME		
STREET ADDRESS	4838 HWY 2 W. P.O. BOX 128		4.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE, FL 00000 32445		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENRICKSON, EVERETT C		5.2 NAME		
STREET ADDRESS	HWY 71 N - DEERWOOD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MALONE FL 32445		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: E. C. Henrickson 1-15-98 850-263-2529