

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G19959** (7)

1. Corporation Name  
**SEACOAST BANKING CORPORATION OF FLORIDA**

Principal Place of Business Mailing Address  
**815 COLORADO AVENUE** **815 COLORADO AVENUE**  
**P.O. BOX 9012** **P.O. BOX 9012**  
**STUART FL 34995-6012** **STUART FL 34995-6012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1963** 3a. Date of Last Report **02/02/1994**

4. FEI Number **59-2260678** 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 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**HUDSON, DENNIS S., III**  
**815 COLORADO AVE.**  
**STUART FL 34994**

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

14. 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 registering)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | CD   | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HUDSON, DENNIS S., JR.                     | 1.2 NAME  | <del>HUDSON, DENNIS S., JR.</del>  |
| STREET ADDRESS             | 157 S RIVER RD, SEWALLSPT                  | 1.3 STREET ADDRESS                                    | <del>157 S RIVER RD, SEWALLSPT</del>   |
| CITY ST ZIP                | STUART FL 34996                            | 1.4 CITY - ST - ZIP                                   | <del>STUART, FL 34996</del>  |
| TITLE                      | PD   | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HUDSON, DALE M.                            | 2.2 NAME  | Thurlock, Thomas (gr)  |
| STREET ADDRESS             | 192 SE HARBOR PT. DRIVE                    | 2.3 STREET ADDRESS                                    | 70 Box 106 N/A   |
| CITY ST ZIP                | STUART FL 34996                            | 2.4 CITY - ST - ZIP                                   | Stuart, FL 34995   |
| TITLE                      | EDS  | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | HUDSON, DENNIS S., III                     | 3.2 NAME  | <del>Gilbert, A. Douglas</del>   |
| STREET ADDRESS             | 406 HILLCREST DR. 2341 NW Bay Colony Court | 3.3 STREET ADDRESS                                    | <del>PO Box 2894 N/A</del>   |
| CITY ST ZIP                | STUART FL 34994                            | 3.4 CITY - ST - ZIP                                   | Stuart, FL 34995   |
| TITLE                      | D  | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CRANE, JOHN H.                             | 4.2 NAME  | Santarsiero, John (Jr.)  |
| STREET ADDRESS             | 4808 SE HARBOR PT DRIVE                    | 4.3 STREET ADDRESS                                    | 5620 Winged Foot Drive   |
| CITY ST ZIP                | STUART FL 34992                            | 4.4 CITY - ST - ZIP                                   | Stuart, FL 34997   |
| TITLE                      | D  | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CRARY, EVANS, JR.                          | 5.2 NAME  | Gilbert, A. Douglas  |
| STREET ADDRESS             | 611 NW SUNSET DRIVE                        | 5.3 STREET ADDRESS                                    | PO Box 2894 N/A  |
| CITY ST ZIP                | STUART FL 34994                            | 5.4 CITY - ST - ZIP                                   | Stuart, FL 34995   |
| TITLE                      | D  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRUNER, JEFFREY C.                         | 6.2 NAME  |  |
| STREET ADDRESS             | 124 SE WELLS DRIVE                         | 6.3 STREET ADDRESS                                    |  |
| CITY ST ZIP                | STUART FL 34994                            | 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(1)(b), 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 the agent or an attachment with an address.

SIGNATURE: E.V.P./Sec. 1/11/95 (405) 278-6026  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Caption if desired)