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**Apr 30 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 # G19959 (7)

1. Corporation Name
SEACOAST BANKING CORPORATION OF FLORIDA



Principal Place of Business
**815 COLORADO AVENUE
P.O. BOX 9012
STUART FL 34995-8012**

Mailing Address
**815 COLORADO AVENUE
P.O. BOX 9012
STUART FL 34995-8012**

3. Date Incorporated or Qualified **01/24/1983** 3a. Date of Last Report **04/15/1996**

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

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

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

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HUDSON, DENNIS S., JR.	
STREET ADDRESS	157 S RIVER RD, SEWALLSPT	
CITY - ST - ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUDSON, DALE M.	
STREET ADDRESS	192 SE HARBOR PT. DRIVE	
CITY - ST - ZIP	STUART FL	
TITLE	EDS	<input type="checkbox"/> DELETE
NAME	HUDSON, DENNIS S., III	
STREET ADDRESS	2341 N. BAY COLONY COURT	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRANE, JOHN H.	
STREET ADDRESS	4808 SE HARBOR PT DRIVE	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRARY, EVANS, JR.	
STREET ADDRESS	611 NW SUNSET DRIVE	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUNER, JEFFREY C.	
STREET ADDRESS	124 SE WELLS DRIVE	
CITY - ST - ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

0472019

CR2E034 (9/96)