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Secretary of State

03-24-1999 90050 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G19959

1. Corporation Name SEACOAST BANKING CORPORATION OF FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21, 22, 23, 24
2a. Mailing Address 25, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified 01/24/1983
4. FEI Number 59-2260678
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. XX 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE CD
NAME HUDSON, DENNIS S., JR.
STREET ADDRESS 157 S RIVER RD, SEWALLS PT
CITY-ST-ZIP STUART FL
TITLE PD
NAME HUDSON, DALE M.
STREET ADDRESS 192 SE HARBOR PT. DRIVE
CITY-ST-ZIP STUART FL
TITLE EDS
NAME HUDSON, DENNIS S., III
STREET ADDRESS 2341 N. BAY COLONY COURT
CITY-ST-ZIP STUART FL
TITLE D
NAME CRANE, JOHN H.
STREET ADDRESS 4608 SE HARBOR PT DRIVE
CITY-ST-ZIP STUART FL
TITLE D
NAME CRARY, EVANS, JR.
STREET ADDRESS 611 NW SUNSET DRIVE
CITY-ST-ZIP STUART FL
TITLE D
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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 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 by an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (561) 288-6086 Date Daytime Phone #

CR2E034 (1/98)