FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G28683** **(2)**

1. Corporation Name

HOMOSASSA SPRINGS BANK

Principal Place of Business	Mailing Address
% GEORGE H. BRANNEN, II U.S. 19 & PERIWINKLE, P.O. BOX 3599 HOMOSASSA SPRINGS FL 32647	% GEORGE H. BRANNEN, II U.S. 19 & PERIWINKLE, P.O. BOX 3599 HOMOSASSA SPRINGS FL 32647

3. Date Incorporated or Qualified: **03/16/1983**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: 34447-3599 / Country — 30

4. FEI Number: **59-1311321** ☐ 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

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 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, JOSEPH S.		1.2 NAME	
STREET ADDRESS	PO BOX 1533 SHADY LANE N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, GEORGE H.,II		2.2 NAME	
STREET ADDRESS	PO BOX 1929 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAGAR, THOMAS L.		3.2 NAME	
STREET ADDRESS	PO BOX 309 W. ZEPHYR		3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WARE, MARVIN J		4.2 NAME	0000017209?0
STREET ADDRESS	116 DOUGLAS ST.		4.3 STREET ADDRESS	-02/22/96--01008--016
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP	***200.00
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAYER, RONALD L.		5.2 NAME	
STREET ADDRESS	135 N. LECANTO HWY.		5.3 STREET ADDRESS	-02/22/96--01008-016
CITY-ST-ZIP	LECANTO FL		5.4 CITY-ST-ZIP	***200.00
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	

2/27/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this ~~filing~~, voluntarily furnished and 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: Ronald L. Mayer — 1/26/96 — 352-628-3812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RONALD L. MAYER PRESIDENT & DIRECTOR