


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H40134 (9) 1. Corporation Name DESTIN BANK					
Principal Place of Business 125 MAIN STREET P.O. BOX 248 DESTIN FL 32541			Mailing Address 125 MAIN STREET P.O. BOX 248 DESTIN FL 32541-2501		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/29/1985 3a. Date of Last Report 04/18/1996 4. FEI Number 59-2473192 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BURGE, FRANK 125 MAIN ST. DESTIN, FL 32541-2501			10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 <i>Frank E. Burge</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D	DELETE			
NAME	EASTERLY, EDWARD Y JR				
STREET ADDRESS	151 W. COUNTRY CLUB DR.				
CITY- ST- ZIP	DESTIN FL 32541				
TITLE	D	DELETE			
NAME	WILSON, DEWEY C JR				
STREET ADDRESS	RT. 3, BOX 74				
CITY- ST- ZIP	DEFUNIAK SPRINGS FL 32433				
TITLE	D	DELETE			
NAME	CLAY, RONNY A				
STREET ADDRESS	705 GULF SHORE DR., #104				
CITY- ST- ZIP	DESTIN FL 32541				
TITLE	PCD	DELETE			
NAME	BURGE, FRANK				
STREET ADDRESS	223 DURANGO RD 2B				
CITY- ST- ZIP	DESTIN FL				
TITLE	D	DELETE			
NAME	YOUNG, THELBERT				
STREET ADDRESS	528 BAYVIEW ST				
CITY- ST- ZIP	DESTIN FL				
TITLE	D	DELETE			
NAME	DEBOGORY, PETER E.				
STREET ADDRESS	907 BAMBI DR				
CITY- ST- ZIP	DESTIN 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 checked="" 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 checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		
			PCD BURGE, FRANK 2957 E HWY 30A SANTA ROSA BCH, FL 32459		
			D STEPHEN C. RIGGS 8 SHADY LANE DR. MARY ESTHER, FL 32569		
14. I do 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: <i>Frank E. Burge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)