

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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthorn</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H40134** (9)  
1. Corporation Name  
**DESTIN BANK**



Principal Place of Business <b>125 MAIN STREET P.O. BOX 248 DESTIN FL 32541</b>	Mailing Address <b>125 MAIN STREET P.O. BOX 248 DESTIN FL 32541-2501</b>
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3. Date Incorporated or Qualified <b>01/29/1985</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2473192</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

10. Name and Address of New Registered Agent

**BURGE, FRANK  
125 MAIN ST.  
DESTIN, FL 32541-2501**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: *Frank S. Burge*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EASTERLY, EDWARD Y JR</b>		1.2 NAME	
STREET ADDRESS <b>151 W. COUNTRY CLUB DR.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>DESTIN FL 32541</b>		1.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILSON, DEWEY C JR</b>		2.2 NAME	
STREET ADDRESS <b>RT. 3, BOX 74</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>DEFUNIAK SPRINGS FL 32433</b>		2.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLAY, RONNY A</b>		3.2 NAME	
STREET ADDRESS <b>705 GULFSHORE DR., #104</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>DESTIN FL 32541</b>		3.4 CITY - ST - ZIP	
TITLE <b>PCD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURGE, FRANK</b>		4.2 NAME	<b>BURGE, FRANK</b>
STREET ADDRESS <b>223 DURANGO RD 2B</b>		4.3 STREET ADDRESS	<b>2957 E HWY 30A</b>
CITY - ST - ZIP <b>DESTIN FL</b>		4.4 CITY - ST - ZIP	<b>SANTA ROSA BCH, FL 32459</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YOUNG, THELBERT</b>		5.2 NAME	
STREET ADDRESS <b>528 BAYVIEW ST</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>DESTIN FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DEBOGORY, PETER E.</b>		6.2 NAME	<b>STEPHEN C. RIGGS</b>
STREET ADDRESS <b>907 BAMBI DR</b>		6.3 STREET ADDRESS	<b>8 SHADY LANE DR.</b>
CITY - ST - ZIP <b>DESTIN FL</b>		6.4 CITY - ST - ZIP	<b>MARY ESTHER, FL 32569</b>

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: *Frank S. Burge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: Month #

CR2E034 (9/96)