

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90116 014 ***150.00

DOCUMENT # H40134

1. Entity Name
DESTIN BANK



Principal Place of Business
**125 MAIN ST.
DESTIN FL 32541**

Mailing Address
**125 MAIN ST.
DESTIN FL 32541**

2. Principal Place of Business
2000 NINETY-EIGHT PALMS BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 248
Suite, Apt. #, etc.

City & State
DESTIN, FL

City & State
DESTIN, FL

4. FEI Number **59-2473192**

Applied For
Not Applicable

Zip
32541

Country
OKALOOSA

Zip
32540

Country
OKALOOSA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGE, FRANK		NAME		
STREET ADDRESS	522 WALTON WAY		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, RONNY		NAME		
STREET ADDRESS	705 GULFSHORE DRIVE, #104		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, THELBERT		NAME		
STREET ADDRESS	526 BAYVIEW ST.		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, STEPHEN C		NAME		
STREET ADDRESS	8 SHADY LANE DR		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DEWEY		NAME		
STREET ADDRESS	9563 STATE HWY 83		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP		
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, ROSS		NAME	CARR, FREDDY	
STREET ADDRESS	430 FOREST GLEN PLACE		STREET ADDRESS	10 DANBERRY CT	
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP	NICEVILLE, FL 32578	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____

CR2E034 (10/02)

ATTACHMENT

11. Cont'd

ADD:

90092537
H40134

D
Arthur, James M. MD
One Mercy Lane Suite 502
Hot Springs, Arkansas 71913

D
Rigdon, Charles
PO Box 1238
Destin, FL 32540
