FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:34

DOCUMENT # H68753 (3)

1. Corporation Name
CLAY COUNTY BANK

Principal Place of Business	Mailing Address
794 BLANDING BLVD. P O BOX 2107 ORANGE PARK FL 32067-2107	794 BLANDING BLVD. P O BOX 2107 ORANGE PARK FL 32067-2107

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2559367 ☐ 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

NOT REQUIRED PURSUANT 607.034(2)
FLORIDA STATUTES

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HEAD, ROBERT J., JR.	12 NAME	
STREET ADDRESS	841 SORRENTO ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HUNTLEY, LOUIS L.	22 NAME	
STREET ADDRESS	104 MILWAUKE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	PITTS, DONALD M.	32 NAME	
STREET ADDRESS	2592 ASHFORD COURT	33 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	
TITLE	SV	41 TITLE	☐ Change ☐ Addition
NAME	REINEKE, LOIS	42 NAME	
STREET ADDRESS	202 EDINBURGH LANE	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MORRIS, SHELDON A.	52 NAME	
STREET ADDRESS	6975 OLD CHURCH ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KESLER, DELORES PASS	62 NAME	
STREET ADDRESS	6720 LINFORD LN.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is 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: _____ January 27, 1995 904-272-2265
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

Donald M. Pitts, President/CEO

0401763 FP

1995 CORPORATION ANNUAL REPORT

CLAY COUNTY BANK
POST OFFICE BOX 2107
ORANGE PARK, FL 32067-2107
59-2559367

NO. 12 CONTINUED - OFFICERS AND DIRECTORS:

D
MARVIN E. WILHITE
2050 ALPHA COURT
ORANGE PARK, FL 32073

VP
MARY LOU DOHERTY
2840 LORAN DRIVE EAST
JACKSONVILLE, FL 32216

VP
REMI VENTURA
7132 PRELLIE STREET
JACKSONVILLE, FL 32210