# 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 # **H68753** **(3)**

1. Corporation Name

**CLAY COUNTY BANK**

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

3. Date Incorporated or Qualified: **07/30/1985**

3a. Date of Last Report: **02/02/1995**

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: 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

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 (Signature, typed or printed name of Registered Agent and title if applicable) (DATE: Registered Agent signature required when applicable) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HEAD, ROBERT J., JR. | | 1.2 NAME | | |
| STREET ADDRESS | 841 SORRENTO ROAD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HUNTLEY, LOUIS L. | | 2.2 NAME | | |
| STREET ADDRESS | 104 MILWAUKE AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PITTS, DONALD M. | | 3.2 NAME | | |
| STREET ADDRESS | 2592 ASHFORD COURT | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | SV | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REINEKE, LOIS | | 4.2 NAME | | |
| STREET ADDRESS | 292 EDINBURGH LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MORRIS, SHELDON A. | | 5.2 NAME | | |
| STREET ADDRESS | 6975 OLD CHURCH ROAD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GREEN COVE SPGS. FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | KESLER, DELORES PASS | | 6.2 NAME | | |
| STREET ADDRESS | 6720 LINFORD LN. | | 6.3 STREET ADDRESS | 4446-1A Hendrick Ave., #369 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | Jacksonville, FL 32207 | |

CR2E034 (12/95)

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 24, 1996 904-272-2265

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

Donald M. Pitts, President (CEO)

1996 CORPORATION ANNUAL REPORT

CLAY COUNTY BANK
POST OFFICE BOX 2107
ORANGE PARK, FLORIDA 32067-2107

59-2559367

NO.12 CONTINUED - OFFICER AND DIRECTORS:

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

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

VP
REMI VENTURA
7132 PRELLIE STREET
JACKSONVILLE, FLORIDA 32210