

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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. 794 BLANDING BLVD.  
P O BOX 2107 P O BOX 2107  
ORANGE PARK FL 32067-2107 ORANGE PARK FL 32067-2107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1985	
21		26		4. FEI Number 59-2559367	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESLER, DELORES PASS	6.2 NAME	Delores M. Kesler
STREET ADDRESS	10407 CENTURION PARKWAY NO STE 101	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. 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 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

02-11-98

(904) 272-2265

CR2E034 (10/97)

**1998 CORPORATION ANNUAL REPORT**

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

**59-2559367**

**NO. 12 CONTINUED - OFFICERS AND DIRECTORS:**

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

**VP  
MAY LOU DOHERTY  
5152 CAMELLIA CIRCLE S.  
JACKSONVILLE, FLORIDA 32207**

**VP  
REMI VENTURA  
7132 PRELLIE STREET  
JACKSONVILLE, FLORIDA 32210**