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Mar 05 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H68753

1. Corporation Name
CLAY COUNTY BANK



03/05/99 90121 012 150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business 794 BLANDING BLVD. P O BOX 2107 ORANGE PARK FL 32067-2107	Mailing Address 794 BLANDING BLVD. P O BOX 2107 ORANGE PARK FL 32067-2107
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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
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3. Date Incorporated or Qualified 07/30/1985	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 owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No	

9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 resigning)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP CD HEAD, ROBERT J., JR. 841 SORRENTO ROAD JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUNTLEY, LOUIS L. 104 MILWAUKE AVE ORANGE PARK FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD PITTS, DONALD M. 2592 ASHFORD COURT ORANGE PARK FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SV REINEKE, LOIS 292 EDINBURGH LANE ORANGE PARK FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MORRIS, SHELDON A. 6975 OLD CHURCH ROAD GREEN COVE SPGS. FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KESLER, DELORES M 10407 CENTURION PARKWAY NO STE 101 JACKSONVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald M. Pitts, President/CEO

January 25, 1999 (904) 272-2265

Date Daytime Phone #

CR2E034 (11/98)

176875-9021-12
A68753

1999 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
MARY LOU DOHERTY
5152 CAMELLIA CIRCLE S.
JACKSONVILLE, FLORIDA 32207**

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