2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# H68753

Entity Name: HERITAGE BANK OF NORTH FLORIDA

Current Principal Place of Business:

794 BLANDING BLVD.
ORANGE PARK, FL 320672107

New Principal Place of Business:

Current Mailing Address:

794 BLANDING BLVD.
P O BOX 2107
ORANGE PARK, FL 320672107

New Mailing Address:

FEI Number: 59-2559367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEAD, ROBERT J JR
841 SORRENTO ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD
Name: HEAD, ROBERT J., JR.
Address: 841 SORRENTO ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: WILHITE, MARVIN A
Address: 2050 ALPHA COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: PD
Name: KNEPPER, RANDOLPH L
Address: P.O. BOX 2107
City-St-Zip: ORANGE PARK, FL 32067

Title: D
Name: DURHAM, DEBORAH P
Address: 1028 FRUIT COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: GARTNER, WINFIELD A
Address: 1660 PRUDENTIAL DR, STE. 203
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY M COX CFO 04/27/2012

Electronic Signature of Signing Officer or Director Date