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

APPROVED AND FILED

95 APR 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H89804** **(9)**

1. Corporation Name
CNB HOLDING COMPANY

Principal Place of Business	Mailing Address
1100 BEVILLE RD. P O BOX 9250 DAYTONA BEACH FL 32120	1100 BEVILLE RD. P O BOX 9250 DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1985**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 1899 S. Clyde Morris Blvd.	26 1899 S. Clyde Morris Blvd.
Suite, Apt. #, etc. 22 P.O. Box 9250	Suite, Apt. #, etc. 27 P.O. Box 9250
City & State 23 Daytona Beach, FL	City & State 28 Daytona Beach, FL
Zip / Country 24 32120 / 25 Volusia	Zip / Country 29 32120 / 30 Volusia

4. FEI Number: **59-2665312** ☐ 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

7. 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
THOMAS, RAYMOND R. 1899 S CLYDE MORRIS BLVD. DAYTONA BEACH FL 32119	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	PCEO	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RAYMOND	12 NAME	
STREET ADDRESS	3242 VAIL VIEW	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	BRINN, DENNIS E.	22 NAME	
STREET ADDRESS	10 OAKMONT CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☒ Change ☐ Addition
NAME	GRAHAM, ROYANNE	32 NAME	VS Graham, Royanne 1031 Belaire Dr. Daytona Beach, FL DELETE
STREET ADDRESS	1031 BELAIRE DR	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BASS, RICHARD L.	42 NAME	
STREET ADDRESS	28 SO ST ANDREWS DR	43 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	44 CITY-ST-ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	MOORE, WILLIAM T.	52 NAME	
STREET ADDRESS	595 W GRANADA BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SANDERS, EDMOND	62 NAME	
STREET ADDRESS	101 UNDERBRUSH TRAIL	63 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. 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: Raymond R. Thomas — Raymond R. Thomas
President & CEO 4/14/95 (904) 761 5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408237 FP