

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H89804** (9)
1. Corporation Name
CNB HOLDING COMPANY



Principal Place of Business
**1899 S. CLYDE MORRIS BLVD.
P. O. BOX 9250
DAYTONA BEACH FL 32120
US**

Mailing Address
**1899 S. CLYDE MORRIS BLVD.
P. O. BOX 9250
DAYTONA BEACH FL 32120
US**

3. Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 04/20/1995
4. FEI Number 59-2665312	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**THOMAS, RAYMOND R.
1899 S CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 date of signature. (NOTE: Registered Agent signature is required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RAYMOND	1.2 NAME	
STREET ADDRESS	3242 VAIL VIEW	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINN, DENNIS E.	2.2 NAME	
STREET ADDRESS	10 OAKMONT CIRCLE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BCH. FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, RICHARD L.	3.2 NAME	
STREET ADDRESS	28 SO ST ANDREWS DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BCH. FL	3.4 CITY-STATE-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, WILLIAM T.	4.2 NAME	
STREET ADDRESS	595 W GRANADA BLVD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BCH. FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, EDMOND	5.2 NAME	
STREET ADDRESS	101 UNDERBRUSH TRAIL	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BCH. FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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, as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond R. Thomas President & CEO

4/8/96 (904) 761 5111
Date Date/Time/Phone #

CR2E034 (12/95)