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 24 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J65566 (8)

1. Corporation Name
THE HERNANDO COUNTY BANK

Principal Place of Business	Mailing Address
1187 S BROAD ST PO BOX 10280 BROOKSVILLE FL 34601-0111	1187 S BROAD ST PO BOX 10280 BROOKSVILLE FL 34601-0111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 03/10/1994

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

4. FEI Number: 59-2634272 — 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 has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

NOT REQUIRED
PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034(2)

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, GEORGE H., II	1.2 NAME	
STREET ADDRESS	3300 S. PLEASANT GROVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, JOSEPH S.	2.2 NAME	
STREET ADDRESS	SHADY LANE AT SR 44	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DUMAS, BROWN, JR.	3.2 NAME	
STREET ADDRESS	291 S. GARDENIA TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OSWALD, H. WAYNE	4.2 NAME	
STREET ADDRESS	9500 E. GOSPEL ISLAND RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEFFIELD, CHARLES G.	5.2 NAME	
STREET ADDRESS	9848 DOMINGO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Charles G. Sheffield 04/06/95 (904) 799-2265
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES G. SHEFFIELD

CHARLES PP