

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J65566 (8)

1. Corporation Name

THE HERNANDO COUNTY BANK



Principal Place of Business

Mailing Address

1187 S BROAD ST
PO BOX 10289
BROOKSVILLE FL 34601-0111

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PO BOX 10289
BROOKSVILLE FL 34601-0111

3. Date Incorporated or Qualified

04/02/1987

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2834272

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 ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOT REQUIRED
PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034(2)

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
BRANNEN, GEORGE H., II
3300 S. PLEASANT GROVE
INVERNESS FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
BRANNEN, JOSEPH S.
SHADY LANE AT SR 44
INVERNESS FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DUMAS, BROWN, JR.
291 S. GARDENIA TERR
CRYSTAL RIVER FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
OSWALD, H. WAYNE
9500 E. GOSPEL ISLAND RD
INVERNESS FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SHEFFIELD, CHARLES G.
9848 DOMINGO DRIVE
BROOKSVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Brannen, Joseph S.
8394 E. Gulf to Lake HWY
Inverness, FL. 34450

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Oswald, H. Wayne
1380 S. Waterview Dr.
Inverness, FL. 34450

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)