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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 16 1997 8:00am  
Secretary of State

DOCUMENT # J65566

(8)

1. Corporation Name

THE HERNANDO COUNTY BANK

Principal Place of Business

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

Mailing Address

1187 S BROAD ST  
PO BOX 10289  
BROOKSVILLE FL 34601-3111

3. Date Incorporated or Qualified

04/02/1987

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BRANNEN, JOSEPH S.  
STREET ADDRESS 6394 E GULF TO LAKE HWY  
CITY-ST-ZIP INVERNESS FL

TITLE D ☐ DELETE

NAME OSWALD H. WAYNE  
STREET ADDRESS 1380 S. WATERVIEW DR  
CITY-ST-ZIP INVERNESS FL

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME George H. Brannen II  
1.3 STREET ADDRESS 3300 S. Pleasant Grove Rd  
1.4 CITY-ST-ZIP Inverness, FL. 34452

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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.

CR2E034 (9/96)