

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90036 049 ***150.00

DOCUMENT # J65566

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 34601-0111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 BRANNEN, JOSEPH S.

STREET ADDRESS 8394 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 BRANNEN II, GEORGE H

STREET ADDRESS 3300 S PLEASANT GROVE 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Charles G. Sheffield, President

4/2/99

352-799-2265

CR25034 (11/98)