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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:06

DOCUMENT # J65663 (3)

1. Corporation Name
FIRST AMERICAN BANK OF WALTON COUNTY

Principal Place of Business	Mailing Address
7770 HWY 98 W SANTA ROSA BEACH FL 32459 US	P.O. BOX 1230 SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2775405 ☐ 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 CHAPTER 607.034(2)
FLORIDA STATUTES FL

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 _____ 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	P D	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	PRIELOZNY, STEPHEN M	1.2 NAME	Dennis Wallace	
STREET ADDRESS	3765 MISTY WAY	1.3 STREET ADDRESS	7 Welaka Ct.	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Destin, FL. 32541	
TITLE	D	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	TAYLOR, JAMES H	2.2 NAME	Malcolm Pattison	
STREET ADDRESS	RR 2 BOX 6760	2.3 STREET ADDRESS	473 DeFuniak St.	
CITY-ST-ZIP	SANTA ROSA BCH FL	2.4 CITY-ST-ZIP	Santa Rosa Bch, Fl. 32459	
TITLE	PD Director	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	ROBERTS, JERRY W.	3.2 NAME	James Barth	
STREET ADDRESS	30 COUNTRY CLUB DR.	3.3 STREET ADDRESS	11 Kel-Wen Cir.	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, BILLY H	4.2 NAME	Billy H Jones	Terminated
STREET ADDRESS	573 BOYOU DR	4.3 STREET ADDRESS	573 Bayou Dr.	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	Destin Fl.	
TITLE	D	5.1 TITLE	Jane E. Butler V	☐ Change ☒ Addition
NAME	FAISON, GREGORY B	5.2 NAME	819 Indian Trail	
STREET ADDRESS	400 ST FRANCIS ST	5.3 STREET ADDRESS	Destin, Fl. 32541	
CITY-ST-ZIP	EUFAULA AL	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: Jane E. Butler Vice Pres. 2.7.95 904-267-3229
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Jane E. Butler, V.P.

0032505 CP