

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J65663 (3)

1. Corporation Name

FIRST AMERICAN BANK OF WALTON COUNTY

Principal Place of Business

**7770 HWY 98 W
SANTA ROSA BEACH FL 32459
US**

Mailing Address

**P.O. BOX 1230
SANTA ROSA BEACH FL 32459
US**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NOT REQUIRED
PURSUANT TO CHAPTER 607.034(2)
FLORIDA STATUTES FL**

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 607.032 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 607.0305, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if the agent is not the corporation)

Signature of Registered Agent (if the agent is the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PRIELOZNY, STEPHEN M	
STREET ADDRESS	3765 MISTY WAY	
CITY-STATE-ZIP	DESTIN FL	
TITLE	D	☐ DELETE
NAME	TAYLOR, JAMES H	
STREET ADDRESS	RR 2 BOX 6760	
CITY-STATE-ZIP	SANTA ROSA BCH FL	
TITLE	PD	☒ DELETE
NAME	ROBERTS, JERRY W.	
STREET ADDRESS	30 COUNTRY CLUB DR.	
CITY-STATE-ZIP	DESTIN FL	
TITLE	D	☒ DELETE
NAME	JONES, BILLY	
STREET ADDRESS	573 BAYOU DR	
CITY-STATE-ZIP	DESTIN FL	
TITLE	D	☐ DELETE
NAME	FAISON, GREGORY B	
STREET ADDRESS	400 ST FRANCIS ST	
CITY-STATE-ZIP	EUFAULA AL	
TITLE	V	☐ DELETE
NAME	BUTLER, JANE E	
STREET ADDRESS	819 INDIAN TRAIL	
CITY-STATE-ZIP	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☐ Change ☒ Addition
2. NAME	WALLACE, Dennis	
3. STREET ADDRESS	P.O. Box 1386	
4. CITY-STATE-ZIP	Santa Rosa Bch, FL 32459	
5. TITLE	D	☐ Change ☒ Addition
6. NAME	Barth, James	
7. STREET ADDRESS	11 Kelwen Cir.	
8. CITY-STATE-ZIP	Destin, FL 32541	
9. TITLE	D	☐ Change ☒ Addition
10. NAME	Patterson, Malcolm	
11. STREET ADDRESS	P.O. Box 1248	
12. CITY-STATE-ZIP	Santa Rosa Bch, FL 32459	
13. TITLE	D	☐ Change ☒ Addition
14. NAME	VANZANDT, FRAN	
15. STREET ADDRESS	55 Osprey Cove Lane	
16. CITY-STATE-ZIP	Santa Rosa Bch, FL 32459	
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
25. TITLE		☐ Change ☐ Addition
26. NAME		
27. STREET ADDRESS		
28. CITY-STATE-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)(b), 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

904-2670329

CR2E034 (12/95)