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FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32459-1230
US



3. Date Incorporated or Qualified 04/02/1987
3a. Date of Last Report 03/21/1996

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

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

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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRIELOZNY, STEPHEN M	
STREET ADDRESS	3765 MISTY WAY	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, JAMES H	
STREET ADDRESS	RR 2 BOX 6760	
CITY - ST - ZIP	SANTA ROSA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, DENNIS	
STREET ADDRESS	PO BOX 1388	
CITY - ST - ZIP	SANTA ROSA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTH, JAMESNIS	
STREET ADDRESS	11 KELWEN CIR	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAISON, GREGORY B	
STREET ADDRESS	400 ST FRANCIS ST	
CITY - ST - ZIP	EUFAULA AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUTLER, JANE E	
STREET ADDRESS	819 INDIAN TRIAL	
CITY - ST - ZIP	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	malcolm Patterson	
1.3 STREET ADDRESS	413 Defuniak St	
1.4 CITY - ST - ZIP	Santa Rosa Beach, FL 32459	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pete Knowles	
2.3 STREET ADDRESS	1909 Connecticut Ave	
2.4 CITY - ST - ZIP	Lynn Haven, FL 32444	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRAN VAN ZANDT	
3.3 STREET ADDRESS	55 Osprey Cove Lane	
3.4 CITY - ST - ZIP	Santa Rosa Beach, FL 32459	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Jane E Butler, President

1-904-2670329 2-12-97
Date Daytime Phone

CR2E034 (9/96)