

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**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90120 033 \*\*\*150.00

**DOCUMENT # J65663**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/02/1987**

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 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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, 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 MALCOLM PATTERSON  
STREET ADDRESS 473 DEFUNIAK ST.  
CITY-ST-ZIP SANTA ROSA BCH FL

TITLE D ☐ DELETE  
NAME TAYLOR, JAMES H  
STREET ADDRESS RR 2 BOX 6760  
CITY-ST-ZIP SANTA ROSA BCH FL

TITLE D ☐ DELETE  
NAME WALLACE, DENNIS  
STREET ADDRESS 244 MATTIES WAY  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE  
NAME BARTH, JAMESNIS  
STREET ADDRESS 11 KELWEN CIR  
CITY-ST-ZIP DESTIN FL

TITLE D ☐ DELETE  
NAME FAISON, GREGORY B  
STREET ADDRESS 400 ST FRANCIS ST  
CITY-ST-ZIP EUFAULA AL

TITLE V ☐ DELETE  
NAME BUTLER, JANE E  
STREET ADDRESS 200 SANDESTIN LANE  
CITY-ST-ZIP DESTIN FL 32549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P / D ☐ Change ☒ Addition  
1.2 NAME PETE KNOWLES  
1.3 STREET ADDRESS 259 BAYWINDS DRIVE  
1.4 CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME FRAN VAN ZANDT  
2.3 STREET ADDRESS 55 OSPREY COVE LAND  
2.4 CITY-ST-ZIP SANTA ROSA BEACH FL 32459

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME JAMES RESTER  
3.3 STREET ADDRESS 415 BECKRICH ROAD, SUITE 350  
3.4 CITY-ST-ZIP PANAMA CITY BEACH FL 32407

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME MIKE DIXON  
4.3 STREET ADDRESS 711 W WASHINGTON  
4.4 CITY-ST-ZIP EUFUALA AL 36027

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

850-267-0329

Daytime Phone #

CR2E034 (1/98)