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FILED

Jan 28 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 # J69169 (7)
1. Corporation Name
TRI-COUNTY BANK

Principal Place of Business

302 MAIN STREET
P.O. BOX 797
TRENTON FL 32693-0797

Mailing Address

302 MAIN STREET
P.O. BOX 797
TRENTON FL 32693-0797



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

3. Date Incorporated or Qualified

04/24/1987

3a. Date of Last Report

02/08/1996

4. FEI Number

59-2766270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
S. 607.034(2) FLORIDA STATUTES

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	<input type="checkbox"/> DELETE
NAME	BUSH, WILBUR	
STREET ADDRESS	402 S.W. 5TH AVE.	
CITY-ST-ZIP	TRENTON FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	FERGUSON, JOHN	
STREET ADDRESS	SHADY GRV BPT CHRCH RD.	
CITY-ST-ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, MICHAEL	
STREET ADDRESS	STATE ROAD 129	
CITY-ST-ZIP	BELL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOGGINS, NORMAN	
STREET ADDRESS	COUNTY RD. 320	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HILLIARD, SANDI	
STREET ADDRESS	COUNTY RD. 341	
CITY-ST-ZIP	BELL FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	DUNN, MARY	
STREET ADDRESS	COUNTY RD 321	
CITY-ST-ZIP	TRENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A.B. Grandoff Sr.	
1.3 STREET ADDRESS	351 NW 172nd Lane	
1.4 CITY-ST-ZIP	Trenton, FL 32693	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Evelyn Grandoff	
2.3 STREET ADDRESS	351 NW 172nd Lane	
2.4 CITY-ST-ZIP	Trenton, FL 32693	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles W. Perez Jr.	
3.3 STREET ADDRESS	101 Spring Ridge Lane	
3.4 CITY-ST-ZIP	Thomasville, GA 31792-9804	
4.1 TITLE	Director/Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donna Graham	
4.3 STREET ADDRESS	11351 NW 30th Ave	
4.4 CITY-ST-ZIP	Chiefland, FL 32626	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Howard McKinney	
5.3 STREET ADDRESS	3926 NW 25th Circle	
5.4 CITY-ST-ZIP	Gainesville, FL 32606	
6.1 TITLE	Assistant Cashier	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Karol Lindsey	
6.3 STREET ADDRESS	4790 SW 40th Street	
6.4 CITY-ST-ZIP	Bell, FL 32619	

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:

Sandi Hilliard SANDI HILLIARD

1/23/97

352 463 7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0080522

CR2E034 (9/96)