

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 04/24/1987 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2766270 | |
| 24 Country | | 30 Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUSH, WILBUR | 1.2 NAME | Evelyn Grandoff |
| STREET ADDRESS | 402 S.W. 5TH AVE. | 1.3 STREET ADDRESS | 351 NW 172nd Lane |
| CITY-ST-ZIP | TRENTON FL | 1.4 CITY-ST-ZIP | Trenton, FL 32693 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERGUSON, JOHN | 2.2 NAME | Charles W. Perez Jr. |
| STREET ADDRESS | SHADY GRV BPT CHRCH RD. | 2.3 STREET ADDRESS | 101 Spring Ridge Lane |
| CITY-ST-ZIP | TRENTON FL | 2.4 CITY-ST-ZIP | Thomasville, GA 31792-9804 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | D VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAYES, MICHAEL | 3.2 NAME | Donna Graham |
| STREET ADDRESS | STATE ROAD 129 | 3.3 STREET ADDRESS | 11351 NW 30th Ave |
| CITY-ST-ZIP | BELL FL | 3.4 CITY-ST-ZIP | Chiefland, FL 32693 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCOGGINS, NORMAN | 4.2 NAME | Karol Lindsey |
| STREET ADDRESS | COUNTY RD. 320 | 4.3 STREET ADDRESS | 4790 SW 40th St |
| CITY-ST-ZIP | CHIEFLD FL | 4.4 CITY-ST-ZIP | Bell, FL 32619 |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILLIARD, SANDI | 5.2 NAME | |
| STREET ADDRESS | COUNTY RD. 341 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELL FL | 5.4 CITY-ST-ZIP | |
| TITLE | O <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, MARY | 6.2 NAME | |
| STREET ADDRESS | COUNTY RD 321 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TRENTON FL | 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.

CR2E034 (10/97)