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Mar 04 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69169

1. Corporation Name
TRI-COUNTY BANK

Principal Place of Business	Mailing Address
302 MAIN STREET P.O. BOX 797 TRENTON FL 32693-0797	302 MAIN STREET P.O. BOX 797 TRENTON FL 32693-0797

03/04/99 90009 030 150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1987

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2766270 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	D.	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	D VP	☐ Change ☐ 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 32626	
TITLE	D	☐ DELETE	4.1 TITLE	O	☐ Change ☐ 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	CHIEFLND FL		4.4 CITY-ST-ZIP	Bell, FL 32619	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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		

CR2E034 (11/98)

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: Sandi Hilliard SANDI HILLIARD 2/15/99 352 463 7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F 3/12