

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

FILED

Apr 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
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DOCUMENT # **J75267** (1)
1. Corporation Name
C & L BANK OF BLOUNTSTOWN

Principal Place of Business 307 W CENTRAL AVE PO BOX 534 BLOUNTSTOWN FL 32424-1903	Mailing Address 307 W CENTRAL AVE PO BOX 534 BLOUNTSTOWN FL 32424-0534
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1987	3a. Date of Last Report 04/15/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2816601	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOWELL, BERT 307 W CENTRAL AVENUE P. O. BOX 534 BLOUNTSTOWN, FL 32424		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAYSON, A. GERALD	1.2 NAME	D
STREET ADDRESS	HWY 20 E.	1.3 STREET ADDRESS	WEAVER, JAMES W. JR.
CITY - ST - ZIP	BLOUNTSTOWN FL	1.4 CITY - ST - ZIP	HWY 12 SOUTH
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	BRISTOL, FL 32321 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUGLAS R., JR.	2.2 NAME	
STREET ADDRESS	LAKE MYSTIC RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRISTOL FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JERRY M.	3.2 NAME	
STREET ADDRESS	3426 CREEK DRIVE WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALACHUA FL	3.4 CITY - ST - ZIP	
TITLE	DPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, BERT	4.2 NAME	
STREET ADDRESS	307 W CENTRAL AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOUNTSTOWN FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELL, GORDON P.	5.2 NAME	
STREET ADDRESS	HWY. 12 SOUTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRISTOL FL	5.4 CITY - ST - ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, JAMES W. SR.	6.2 NAME	
STREET ADDRESS	HWY. 12 SOUTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRISTOL FL	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: **Bert Howell** 4/2/97 (904) 674-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)