FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:36

DOCUMENT # J79172 **(9)**

1. Corporation Name
SOUTHEASTERN BANK OF FLORIDA

Principal Place of Business	Mailing Address
1010 SOUTH HIGHWAY 441 ALACHUA FL 32615	1010 SOUTH HIGHWAY 441 ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1987
3a. Date of Last Report: 05/01/1994

21	2. Principal Place of Business	26	2a. Mailing Address: P. O. Box 1810
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: Alachua, FL
24	Zip / Country	29 / 30	Zip: 32615 / Country: USA

4. FEI Number: 59-2763335 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Warren Stamp
82 Street Address (P.O. Box Number is Not Acceptable)	1010 South Highway 441
83	
84 City / 85 Zip Code	Alachua FL 32615-1810

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: Warren R. Stamp — WARREN R. STAMP, VP/CASHIER — 02-10-95
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	DCP	11 TITLE	D	☒ Change ☐ Addition
NAME	EVERTEE, BRITT S.	12 NAME	Gary Moody	
STREET ADDRESS	2526 NW 18TH WAY	13 STREET ADDRESS	(Resigned)	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SHARRON, W. HARVEY, JR.	22 NAME	J. Gerald Cain	
STREET ADDRESS	3304 N.W. 136 ST.	23 STREET ADDRESS	(Resigned)	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	V/D	☐ Change ☒ Addition
NAME	MOODY, GARY	32 NAME	Dan Burkhalter	
STREET ADDRESS	3959 N.W. 32ND PL.	33 STREET ADDRESS	1010 Northway St.	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Darien, GA 31305	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	WALKER, BENNY L.	42 NAME	S. Michael Little	
STREET ADDRESS	1617 N.W. 22 ST.	43 STREET ADDRESS	1010 Northway St.	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Darien, GA 31305	
TITLE		51 TITLE	C/D	☐ Change ☒ Addition
NAME		52 NAME	E. R. Gray, Jr.	
STREET ADDRESS		53 STREET ADDRESS	1010 Northway St.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Darien, GA 31305	
TITLE		61 TITLE	D/P	☒ Change ☐ Addition
NAME		62 NAME	Britt S. Everett	
STREET ADDRESS		63 STREET ADDRESS	2526 NW 18th Way	
CITY-ST-ZIP		64 CITY-ST-ZIP	Gainesville, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: BRITT S. EVERETT, PRESIDENT 02-10-95
SIGNATURE, TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date

Daytime Phone Number: 904 462-5983

0418219 FP

ATTACHMENT TO CORPORATION ANNUAL REPORT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	Title	V/Cashier	[X]	*Change*	[ ]	*Addition*
1.2	Name	Warren Stump				
1.3	Street Address	3909 Southwest 100th Street				
1.4	City - ST. - Zip	Gainesville, FL 32607				