

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

FILED

Mar 12 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 # **J79172** (9)

1. Corporation Name
SOUTHEASTERN BANK OF FLORIDA



Principal Place of Business 1010 SOUTH HIGHWAY 441 ALACHUA FL 32615	Mailing Address P O BOX 1810 ALACHUA FL 32616-1810 US
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3. Date Incorporated or Qualified 06/23/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2763335	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 S. Highway 441
83. City Alachua, FL
85. Zip Code 32615

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 Stamp* (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	11 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAY, E. R JR		12 NAME E. R. Gray, Jr.	
STREET ADDRESS 1010 NORTHWAY ST		13 STREET ADDRESS 1010 Northway	
CITY-ST-ZIP DARIEN GA 31305		14 CITY-ST-ZIP Darien, GA 31305	
TITLE VD	<input type="checkbox"/> DELETE	21 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKHALTER, DAN		22 NAME Dan Burkhalter	
STREET ADDRESS 1010 NORTHWAY ST		23 STREET ADDRESS 1010 S. Highway 441	
CITY-ST-ZIP DARIEN GA 31305		24 CITY-ST-ZIP Alachua, FL 32615	
TITLE D	<input type="checkbox"/> DELETE	31 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LITTLE, S. MICHAEL		32 NAME S. Michael Little	
STREET ADDRESS 1010 NORTHWAY ST.		33 STREET ADDRESS 1010 Northway	
CITY-ST-ZIP DARIEN GA 31305		34 CITY-ST-ZIP Darien, GA 31305	
TITLE V	<input type="checkbox"/> DELETE	41 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAMP, WARREN R.		42 NAME Warren R. Stamp	
STREET ADDRESS 3909 SW 100TH STREET		43 STREET ADDRESS 3909 SW 100th Street	
CITY-ST-ZIP GAINESVILLE FL 32607		44 CITY-ST-ZIP Gainesville, FL 32607	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 appointment with an address.

SIGNATURE: *Warren Stamp* 3/5/97 (912) 437-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)