

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

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Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J79172** (9)  
1. Corporation Name  
**SOUTHEASTERN BANK OF FLORIDA**

Principal Place of Business <b>1010 SOUTH HIGHWAY 441 ALACHUA FL 32615</b>	Mailing Address <b>P O BOX 1810 ALACHUA FL 32615 US</b>
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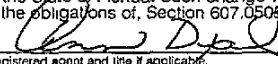


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1376 East State Road 200</b>		2a. Mailing Address <b>P. O. Box 1438</b>		3. Date Incorporated or Qualified <b>06/23/1987</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2763335</b>	
22 City & State <b>Yulee, FL</b>		27 City & State <b>Yulee, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>32097</b>		28 Zip <b>32041</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country <b>USA</b>		29 Country <b>USA</b>		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	

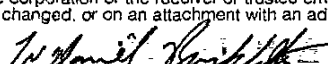
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	<b>Ann Dyal</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1907 Pine Street</b>		
				83			
				84 City	<b>Hilliard, FL</b>	85 Zip Code	<b>32046</b>

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 **1/22/98**  
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	<b>CD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, E. R JR</b>	1.2 NAME	
STREET ADDRESS	<b>1010 NORTHWAY ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DARIEN GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKHALTER, DAN</b>	2.2 NAME	<b>Burkhalter, W. Daniel</b>
STREET ADDRESS	<b>1010 NORTHWAY ST</b>	2.3 STREET ADDRESS	<b>1010 Northway</b>
CITY - ST - ZIP	<b>DARIEN GA</b>	2.4 CITY - ST - ZIP	<b>Darien, GA 31305</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, S. MICHAEL</b>	3.2 NAME	<b>Little, S. Michael</b>
STREET ADDRESS	<b>1010 NORTHWAY ST.</b>	3.3 STREET ADDRESS	<b>1010 Northway</b>
CITY - ST - ZIP	<b>DARIEN GA</b>	3.4 CITY - ST - ZIP	<b>Darien, GA 31305</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAMP, WARREN R.</b>	4.2 NAME	
STREET ADDRESS	<b>3909 SW 100TH STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:  **W. Daniel Burkhalter, President** 1/22/98 (912) 437-4141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)