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Mar 05 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 # **J83016** (2)

1. Corporation Name
INDEPENDENT BANK OF OCALA

Principal Place of Business
**60 SOUTHWEST 17TH STREET
BOX 2800
OCALA FL 32678**

Mailing Address
**60 SOUTHWEST 17TH STREET
BOX 2800
OCALA FL 34478-2800**



3. Date Incorporated or Qualified **12/24/1987** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2856255	Applied For 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	

9. Name and Address of Current Registered Agent

**NOT REQUIRED PURSUANT
TO CHAPTER 607.034 (2)
FLORIDA STATUTES FL**

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 _____ (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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETHERIDGE, FRANK R.	1.2 NAME	
STREET ADDRESS	803 LAKE ADAIR BLVD. N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	32804
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DETERS, CHARLES H.	2.2 NAME	
STREET ADDRESS	2701 TURKEYFOOT RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	2.4 CITY - ST - ZIP	41017
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLELLAN, WILLIAM B.	3.2 NAME	
STREET ADDRESS	1807 S.E. 8TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	34471
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GADD, BILLY G.	4.2 NAME	
STREET ADDRESS	1147 S.E. 14TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	34471
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUTEN, J. LAMAR	5.2 NAME	
STREET ADDRESS	1808 S.E. 7TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	34471
TITLE	EVPC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, JOHN R.	6.2 NAME	
STREET ADDRESS	8201 SE 7TH AVE., RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	6.4 CITY - ST - ZIP	34480

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: *John R. Hunt* *John R. Hunt* 2/25/97 (352) 622-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Florida Department of State:

1997 Profit Corporation Annual Report Packet cont.:
Independent Bank of Ocala

#12. continued....

D
Grubbs, Claude R.
23660 N.E. 124th Pl.
Salt Springs, FL 32134

President/CEO/D
Ellinor, Robert A.
1911 Twin Bridge Circle
Ocala, FL 34471

D
Peterson, John L.
4747 S.W. 60th Ave.
Ocala, FL 34481

D
Webb, Michael J.
2415 SE 13th Street
Ocala, FL 34471

D
Slaughter, Lanford T.
1458 SW 42nd St.
Ocala, FL 34474