

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

FILED

Jan 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

DOCUMENT # J83018 (8)

1. Corporation Name
PUTNAM STATE BANK

Principal Place of Business

350 STATE ROAD 19 NORTH
POST OFFICE DRAWER 1299
PALATKA FL 32177-2446

Mailing Address

350 STATE ROAD 19 NORTH
POST OFFICE DRAWER 1299
PALATKA FL 32177-2446
US



3. Date Incorporated or Qualified 12/30/1987
3a. Date of Last Report 03/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2552647

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

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 type 1 is printed name, or signature and date (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
NAME	SMITH, KELLY R. JR.	
STREET ADDRESS	RT 2 BOX 1746 N/A	
CITY - ST - ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORODE, WILLIAM E. III	
STREET ADDRESS	1209 REID ST.	
CITY - ST - ZIP	PALATKA FL	
TITLE	PM	<input type="checkbox"/> DELETE
NAME	MYERS, VERNON H., JR.	
STREET ADDRESS	2500 FAIRWAY DRIVE	
CITY - ST - ZIP	PALATKA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLARK, RONALD	
STREET ADDRESS	511 ST. JOHNS AVENUE	
CITY - ST - ZIP	PALATKA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOTSON, CAMILLE A	
STREET ADDRESS	RT 4 BOX 1144-A	
CITY - ST - ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFORD, CHARLES E.	
STREET ADDRESS	RT 1 BOX 2000 N/A	
CITY - ST - ZIP	PALATKA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

(904) 328-5600

Date

Daytime Phone #

CR2E034 (9/96)