

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

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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 32177-1299
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1987	
4. FEI Number 59-2552647	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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.	27 City & State	28 City & State
22 City & State	29 Zip	30 Zip	Country
23 Zip	Country	29 Zip	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**H. VERNON MYERS, JR.
2500 FAIRWAY DRIVE
PALATKA FL 32177**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	V
NAME	SMITH, KELLY R. JR.	1.2 NAME	ROBERT "RANDY" GORICK
STREET ADDRESS	RT 2 BOX 1746 N/A	1.3 STREET ADDRESS	714 MICKLER BLVD
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	D	2.1 TITLE	
NAME	TORODE, WILLIAM E. III	2.2 NAME	
STREET ADDRESS	1209 REID ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	PM	3.1 TITLE	
NAME	MYERS, VERNON H., JR.	3.2 NAME	
STREET ADDRESS	2500 FAIRWAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	CLARK, RONALD	4.2 NAME	
STREET ADDRESS	511 ST. JOHNS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	DOTSON, CAMILLE A	5.2 NAME	
STREET ADDRESS	RT 4 BOX 1144-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ALFORD, CHARLES E.	6.2 NAME	
STREET ADDRESS	RT 1 BOX 2000 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	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. (Changes or on an attachment) an address.

SIGNATURE

H. VERNON MYERS, JR.

01/20/98

59-2552647

CR2E034 (10/97)