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FILED
Feb 17 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83018

1. Corporation Name
PUTNAM STATE BANK

Principal Place of Business	Mailing Address
350 STATE ROAD 19 NORTH POST OFFICE DRAWER 1299 PALATKA FL 32177-2446	350 STATE ROAD 19 NORTH POST OFFICE DRAWER 1299 PALATKA FL 32177-1299 US

02/17/99 90061 031 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 12/30/1987

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

H. VENRON MYERS, JR.
2500 FAIRWAY DRIVE
PALATKA FL 32177

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KELLY R. JR.		1.2 NAME		
STREET ADDRESS	RT 2 BOX 1746 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	CO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GORRICK, ROBERT "RANDY"		6.2 NAME		
STREET ADDRESS	714 MICKLER BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: H. Vernon Myers, JR. 1-7-99 904-328-5600
H. VERNON MYERS, JR. PRESIDENT AND CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F 2118