


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90177 029 \*\*\*158.75

<b>DOCUMENT #</b> J83018	
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<b>1. Entity Name</b> PUTNAM STATE BANK	<b>Principal Place of Business</b> 350 STATE ROAD 19 NORTH POST OFFICE DRAWER 1299 PALATKA FL 32177-2446	<b>Mailing Address</b> 350 STATE ROAD 19 NORTH POST OFFICE DRAWER 1299 PALATKA FL 32177-1299 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2552647	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
Name	Name
Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)
City	City
	FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003: Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <b>NAME</b> BECKETT, STEPHEN L. <b>STREET ADDRESS</b> 700 ZEAGLER DRIVE SUITE 11 <b>CITY-ST-ZIP</b> PALATKA FL 32177	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> MYERS, VERNON H., JR. <b>STREET ADDRESS</b> 2500 FAIRWAY DRIVE <b>CITY-ST-ZIP</b> PALATKA, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> TORODE, WILLIAM E. III <b>STREET ADDRESS</b> 1209 REID ST. <b>CITY-ST-ZIP</b> PALATKA FL	<input type="checkbox"/> Delete	<b>TITLE</b> V <b>NAME</b> SHACKLEY, ROBERT B., JR. <b>STREET ADDRESS</b> 4650 SOUTH MOON TRAIL <b>CITY-ST-ZIP</b> PORT ORANGE, FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> GORICK, ROBERT "RANDY" <b>STREET ADDRESS</b> 714 MICKLER BLVD. <b>CITY-ST-ZIP</b> SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V <b>NAME</b> HULL, A. DUANE <b>STREET ADDRESS</b> 20 RED MAPLE CIRCLE <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> CD <b>NAME</b> CLARK, RONALD <b>STREET ADDRESS</b> 501 ST. JOHNS AVENUE <b>CITY-ST-ZIP</b> PALATKA FL 32177	<input type="checkbox"/> Delete	<b>TITLE</b> V <b>NAME</b> HOLMES, JOHN <b>STREET ADDRESS</b> 8218 LAKEMONT DRIVE <b>CITY-ST-ZIP</b> JACKSONVILL, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> DOTSON, CAMILLE A <b>STREET ADDRESS</b> RT 4 BOX 1144-A <b>CITY-ST-ZIP</b> PALATKA FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> BATES, BEN, JR. <b>STREET ADDRESS</b> 3400 CRILL AVENUE <b>CITY-ST-ZIP</b> PALATKA, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> GORRICK, ROBERT "RANDY" <b>STREET ADDRESS</b> 714 MICKLER BLVD. <b>CITY-ST-ZIP</b> ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> SMITH, KELLY R., JR. <b>STREET ADDRESS</b> 213 CRYSTAL COVE DRIVE <b>CITY-ST-ZIP</b> PALATKA, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **ROBERT B. SHACKLEY, JR.** **02/05/03 386-328-5600**

CR2E034 (10/02)

Attachment #J8308

Additions/Changes to Officers and Directors  
Conditions

Putnam State Bank 2003

80624972

D

Addition

Revels, William J.  
9000 Cowpen Branch Road  
Hastings, FL 32145

D

Addition

Trescot, John H., Jr.  
A Ways Away  
East Palatka, FL 32131

D

Addition

Wolfenden, John W., MD  
700 Zeagler Drive, Suite 9  
Palatka, FL 32177