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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J85825

1. Corporation Name

C & L BANKING CORPORATION

Principal Place of Business

**HWY 20 & BAKER ST
BRISTOL FL 32321
US**

Mailing Address

**P.O. BOX 550
BRISTOL FL 32321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1987

4. FEI Number

59-2893603

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**HIERS, JED M.
HWY. 20 & BAKER STREET
BRISTOL FL 32321**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CAYSON, A. GERALD**
CITY-ST-ZIP **905 E. CENTRAL AVE.
BLOUNTSTOWN FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIS, DOUGLAS R., JR.**
CITY-ST-ZIP **HWY 12 SOUTH
BRISTOL FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WEAVER, J. W. SR.**
CITY-ST-ZIP **HIGHWAY 12S
BRISTOL FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HIERS, JED M**
CITY-ST-ZIP **HWY 20 & BAKER ST
BRISTOL FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, JERRY M.**
CITY-ST-ZIP **4 NORTH MAIN STREET
ALACHUA FL**

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **REVELL, GORDON P.**
CITY-ST-ZIP **ROBYN ST.
BRISTOL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DC**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
H. GATES

3/1/99

(850)643-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

237885-96034-12
JBS 825

C & L BANKING CORPORATION

BRISTOL, FL

CONTINUATION TO CORPORATION ANNUAL REPORT

<u>TITLE</u>	<u>NAME OF OFFICER/DIRECTOR</u>	<u>ADDRESS</u>
D	J. W. WEAVER, JR.	2094 WILDRIDGE TALLAHASSEE, FL
D	R. MALONE PEDDIE	HWY 12 S BRISTOL, FL
V/S	SYLVIA H. GATES	724 W. SHERRY AVE. BLOUNTSTOWN, FL