# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:29

DOCUMENT # **J87283** **(4)**

1. Corporation Name
**RIHERD BANK HOLDING COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 300 WEST MAIN STREET<br>395 WEST MAIN STREET<br>LAKE BUTLER FL 32054<br>US | P. O. BOX 358<br>395 WEST MAIN STREET<br>LAKE BUTLER FL 32054<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1987
3a. Date of Last Report: 02/03/1994

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): 

4. FEI Number: 59-2835285 ☐ 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**

RIHERD, THOMAS M. II
300 WEST MAIN STREET
LAKE BUTLER FL 32054

**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) (Date) (Registered Agent's signature required if Item 10 completed) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-Z) | | |
|---|---|---|---|---|
| TITLE | CDP | 1 TITLE | CD P | XX Change ☐ Addition |
| NAME | RIHERD, PAUL M. | 1 NAME | RIHERD, PAUL M. | |
| STREET ADDRESS | 311 N.E. 2ND ST | 1 STREET ADDRESS | 311 N. E. 2nd St. | |
| CITY-ST-ZIP | LAKE BUTLER FL | 1 CITY-ST-ZIP | Lake Butler, FL 32054 | |
| TITLE | VDS | 2 TITLE | | ☐ Change ☐ Addition |
| NAME | RIHERD, MARTHA C. | 2 NAME | | |
| STREET ADDRESS | 311 N.E. 2ND ST | 2 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE BUTLER FL | 2 CITY-ST-ZIP | | |
| TITLE | D | 3 TITLE | | ☐ Change ☐ Addition |
| NAME | WHITE, FRANCES R. | 3 NAME | | |
| STREET ADDRESS | 380 S.LAKE AVE | 3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE BUTLER FL | 3 CITY-ST-ZIP | | |
| TITLE | D | 4 TITLE | | ☐ Change ☐ Addition |
| NAME | MAINES, HAL Y. | 4 NAME | | |
| STREET ADDRESS | 30 E. MAIN ST. | 4 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE BUTLER FL | 4 CITY-ST-ZIP | | |
| TITLE | D | 5 TITLE | DV | XX Change ☐ Addition |
| NAME | RIHERD, THOMAS M | 5 NAME | Riherd, Thomas M. II | |
| STREET ADDRESS | RR. 3 BOX 1543H | 5 STREET ADDRESS | RR. 3, Box 1543H | |
| CITY-ST-ZIP | LAKE BUTLER FL | 5 CITY-ST-ZIP | Lake Butler, FL 32054 | |
| TITLE | D | 6 TITLE | | ☐ Change ☐ Addition |
| NAME | DRIGGERS, ROBERT A. | 6 NAME | | |
| STREET ADDRESS | 250 N.W. 3RD ST | 6 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE BUTLER FL | 6 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall serve 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 above, or on an attachment with an asterisk.

**SIGNATURE:** Paul M. Riherd
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Title) (Date)

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