

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90034 046 \*\*\*150.00

<b>DOCUMENT # K02565</b>			
1. Entity Name <b>INDEPENDENT BANCSHARES, INC.</b>			
Principal Place of Business <b>60 S.W. 17TH STREET P.O. BOX 2900 OCALA FL 32678</b>		Mailing Address <b>60 S.W. 17TH STREET P.O. BOX 2900 OCALA FL 34478</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
6. Name and Address of Current Registered Agent  <b>HUNT, JOHN R 8201 SE 7TH AVE RD OCALA FL 34480</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>4970 SW 2ND COURT</b>  City <b>OCALA</b> <b>FL</b> Zip Code <b>34474</b>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GADD, BILLY G 1147 SE 14TH ST OCALA FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DETERS, CHARLES H. 2701 TURKEYFOOT RD. COVINGTON KY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ETHERIDGE, FRANK R. 803 LAKE ADAIR BLVD N ORLANDO FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLAUGHTER, LANFORD T. DR 44 S.E. 16TH AVE. OCALA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SLAUGHTER, LANFORD T. DR.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ELLINOR, ROBERT A 1911 TWIN BRIDGE CIRCLE OCALA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8166 SE 12TH CT. OCALA FL 34480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENNIS K. BAXLEY 702 SE 14TH AVE OCALA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D BAXLEY, DENNIS K 702 SE 14TH AVE OCALA FL</b>
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>John R. Hunt</b>		Date <b>1/3/01</b> Daytime Phone # <b>(352) 622-2377</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)