

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **K36051** (6)

1. Corporation Name
CNB, INC.



Principal Place of Business: **201 N. MARION STREET LAKE CITY FL 32055**
Mailing Address: **P.O. BOX 3239 LAKE CITY FL 32056**

3. Date Incorporated or Qualified: **10/03/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2958616**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROWELL, K C
201 NORTH MARION STREET
LAKE CITY FL 32055**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 (if it is applicable)

NOTE: Registered Agent's signature, not typed or printed name

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	TROWELL, K.C.	
STREET ADDRESS	233 HARRIS LAKE DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BULLARD, AUDREY S	
STREET ADDRESS	S. HWY. 47, P.O. BOX 766	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKS, ROY C	
STREET ADDRESS	ROUTE 3, BOX 153	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITCHETT, MARVIN H	
STREET ADDRESS	1050 S.E. 6TH ST	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAL, HELEN B	
STREET ADDRESS	201 LAKE HARRIS DR.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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)(k), 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.

SIGNATURE: *[Signature]* **K. C. Trowell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96
DATE

904-755-3240
DAYTIME PHONE #

CR2E034 (12/95)

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CNB, Inc. - Additional Officers and Directors - Corporation Annual Report 1995

D
Thomas R. Andrews
P. O. Box 411
Ponte Vedra Beach, FL 32004

SVP/S
Joyce Bruner
Rt. 6, Box 439B
Lake City, FL 32025

D
C. Lavoye Boggus
P. O. Box 189
Live Oak, FL 32060

SVP
Robert Woodard
2451 Castle Heights Drive
Lake City, FL 32025

D
Seymour Chotiner
P. O. Box M
Live Oak, FL 32060

VP
Martha S. Williams
1453 Pearl Street
Live Oak, FL 32060

D
A. Leonard Schlofman
P. O. Box 190
Starke, FL 32091

VP
Greg Hart
200 Gay Street
Live Oak, FL 32060

D
Jimmie L. Scott
P. O. Box 22
Lawtey, FL 32058

D
T. Allison Scott
1043 Pineview Circle
Live Oak, FL 32060

D
William J. Streicher
Route 13, Box 184
Lake City, FL 32055