

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2958616	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TROWELL, K C 201 NORTH MARION STREET LAKE CITY FL 32055		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	D
NAME	TROWELL, K.C.	1.2 NAME	Thomas R. Andrews
STREET ADDRESS	233 HARRIS LAKE DRIVE	1.3 STREET ADDRESS	P. O. Box 411, 19 Solana Rd.
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D	2.1 TITLE	D
NAME	BULLARD, AUDREY S	2.2 NAME	Raymon Land, Sr.
STREET ADDRESS	S. HWY. 47, P.O. BOX 766	2.3 STREET ADDRESS	Hwy 27 E & Craven St., P. O. Box 394
CITY-ST-ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	Branford, FL 32008
TITLE	D	3.1 TITLE	D
NAME	DICKS, ROY C	3.2 NAME	William J. Streicher
STREET ADDRESS	ROUTE 3, BOX 153	3.3 STREET ADDRESS	Rt. 13, Box 184
CITY-ST-ZIP	LAKE BUTLER FL 32054	3.4 CITY-ST-ZIP	Lake City, FL 32055
TITLE	D	4.1 TITLE	
NAME	PRITCHETT, MARVIN H	4.2 NAME	
STREET ADDRESS	1050 S.E. 6TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	REAL, HELEN B	5.2 NAME	
STREET ADDRESS	201 LAKE HARRIS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the 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 _____ **K. C. Trowell** 4-27-98 904-755-3240

CR2E034 (10/97)