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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90091 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # K36051

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2958616

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DCP**
 STREET ADDRESS **TROWELL, K.C.**
 CITY-ST-ZIP **233 HARRIS LAKE DRIVE
 LAKE CITY FL 32055**

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

TITLE DELETE
 NAME **D**
 STREET ADDRESS **BULLARD, AUDREY S**
 CITY-ST-ZIP **S. HWY. 47, P.O. BOX 766
 LAKE CITY FL 32055**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D**
 STREET ADDRESS **ANDREWS, THOMAS R**
 CITY-ST-ZIP **19 SOLANA RD
 PONTE VEDRA BEACH FL 32082**

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

TITLE DELETE
 NAME **D**
 STREET ADDRESS **PRITCHETT, MARVIN H**
 CITY-ST-ZIP **1050 S.E. 6TH ST
 LAKE BUTLER FL 32054**

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

TITLE DELETE
 NAME **D**
 STREET ADDRESS **LAND, RAYMON S**
 CITY-ST-ZIP **HWY 27 E & CRAVEN ST
 BRANFORD FL 32008**

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

TITLE DELETE
 NAME **D**
 STREET ADDRESS **STREICHER, WILLIAM J**
 CITY-ST-ZIP **RT 13 BOX 184
 LAKE CITY FL 32055**

6.1 TITLE Change Addition
 6.2 NAME
 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:

K. C. Trowell

K. C. Trowell

4-13-99

904-755-3240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

CNB, Inc. - Officers - Corporation Annual Report - 1999

EVP/S
Joyce Bruner
108 Beverly Court
Lake City, FL 32025

490307-90091-20
K36051

SVP
Suzanne Norris
Rt. 13, Box 439
Lake City, FL 32055

SVP
Martha Williams
1453 Pearl Street
Live Oak, FL 32060

VP
Greg Hart
200 Gay Street
Live Oak, FL 32060

EVP/CFO
G. Thomas Frankland
5040 Bentgrass Circle
Ponte Vedra Beach, FL 32082