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

APPROVED AND FILED

95 APR -5 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L68519** **(2)**

1. Corporation Name
CNB FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
C/O ERNEST P. FRIESE 950 W. VENTURA AVENUE CLEWISTON FL 33440	C/O ERNEST P. FRIESE 950 W. VENTURA AVENUE CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: 950 W. Ventura Ave.
22: Suite, Apt. #, etc.
23: City & State: Clewiston, FL
24: Zip: 33440
25: Country:

2a. Mailing Address
26: 950 W. Ventura Ave.
27: Suite, Apt. #, etc.
28: City & State: Clewiston, Fl
29: Zip: 33440
30: Country:

4. FEI Number: 65-0184468 ☐ 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

BOY, JOHN B JR.
950 W. VENTURA AVE.
CLEWISTON FL 33440

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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOY, JOHN B. JR.	12 NAME	
STREET ADDRESS	401 SOUTH W.C. OWENS AVE.	13 STREET ADDRESS	600001450626
CITY-ST-ZIP	CLEWISTON FL	14 CITY-ST-ZIP	-04/07/95--01048--001 ****200.00 ****200.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS A.	22 NAME	
STREET ADDRESS	CORNER HIGHWAY 80 & 80-A	23 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CORBIN, JOHN G.	32 NAME	
STREET ADDRESS	119 W. ESPERANZA	33 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	34 CITY-ST-ZIP	
TITLE	D/C	41 TITLE	☐ Change ☐ Addition
NAME	FRY, CURTIS S.	42 NAME	
STREET ADDRESS	109 SUGARLAND CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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. 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: John Holmes, Pres (John Holmes) 3/31/95 813 983-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283084 CP