

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L68519

(2)

1. Corporation Name

CNB FINANCIAL CORPORATION

Principal Place of Business

~~850 W. VENTURA AVE.~~
CLEWISTON FL 33440

Mailing Address

~~850 W. VENTURA AVE.~~
CLEWISTON FL 33440



2. Principal Place of Business

21 950 W. Ventura Ave.

State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 950 W. Ventura Ave.

State, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

04/05/1995

4. FET Number

65-0184468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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 the address) and

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	BOY, JOHN B. JR.	401 SOUTH W.C. OWENS AVE.	CLEWISTON FL	<input type="checkbox"/>
D	SMITH, THOMAS A.	CORNER HIGHWAY 80 & 80-A	LABELLE FL	<input type="checkbox"/>
D	CORBIN, JOHN G.	119 W. ESPERANZA	CLEWISTON FL	<input type="checkbox"/>
D/C	FRY, CURTIS S.	109 SUGARLAND CIRCLE	CLEWISTON FL	<input checked="" type="checkbox"/> Change
		111 San Benito		
	PAIGE, BOBBY	RT1, BOX 101-T	CLEWISTON, FL	<input checked="" type="checkbox"/> Addition
	MCCARTHY, DAN	PO BOX 188	CLEWISTON, FL	<input checked="" type="checkbox"/> Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
D	HANCOCK, WILLIAM	RT 2, BOX 1210	CLEWISTON, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HOWARD, ROBERT	PO BOX 1500	LABELLE, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HOLMES, JOHN	101 RIDGEWOOD AVENUE	CLEWISTON, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 4, 1996 941 983-9113

Date

Daytime Phone #

CR2E034 (12/95)