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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:57

DOCUMENT # L88255 (9)

1. Corporation Name
CBW BANCORP.

Principal Place of Business
650 NORTH TALLAHASSEE STREET
CRAWFORDVILLE FL 32327

Mailing Address
650 NORTH TALLAHASSEE STREET
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3035172 — ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21	2628 Crawfordville Hwy	26	2628 Crawfordville Hwy
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: Crawfordville, FL	28	City & State: Crawfordville, FL
24	Zip: 32327	29	Zip: 32327
25	Country: Wakulla	30	Country: Wakulla

9. Name and Address of Current Registered Agent

YOUNG, L. F., JR.
650 N TALLAHASSEE ST
CRAWFORDVILLE FL 32327

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	METCALF, DANNY R., SR.	P.O. BOX 483 N/A	PANACEA FL
D	YOUNG, LAHARVE F., JR.	RT 5, BOX 2583	CRAWFORDVILLE FL
D	BROWN, EDWIN G.	P O BOX 625 N/A	CRAWFORDVILLE FL
D	CULPEPPER, BRUCE	P O BOX 10095 N/A	TALLAHASSEE FL
D	SPEARS, R. M., JR.	RT 1, BOX 3670	CRAWFORDVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — none entered)

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(4)(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/24/95 Date — 926 5211 Daytime Phone #

0409492 FP