

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

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L88255 (9)			
1. Corporation Name CBW BANCORP.			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:57

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

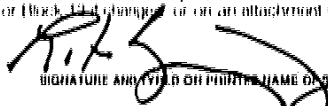
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
YOUNG, L. F., JR. 650 N TALLAHASSEE ST CRAWFORDVILLE FL 32327		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	METCALF, DANNY R., SR.	12 NAME	
STREET ADDRESS	P.O. BOX 483 N/A	13 STREET ADDRESS	
CITY, ST, ZIP	PANACEA FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	YOUNG, LAHARVE F., JR.	22 NAME	
STREET ADDRESS	RT 5, BOX 2583	23 STREET ADDRESS	
CITY, ST, ZIP	CRAWFORDVILLE FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, EDWIN G.	32 NAME	
STREET ADDRESS	P O BOX 625 N/A	33 STREET ADDRESS	
CITY, ST, ZIP	CRAWFORDVILLE FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CULPEPPER, BRUCE	42 NAME	
STREET ADDRESS	P O BOX 10095 N/A	43 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SPEARS, R. M., JR.	52 NAME	
STREET ADDRESS	RT 1, BOX 3670	53 STREET ADDRESS	
CITY, ST, ZIP	CRAWFORDVILLE FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.024(1)(b), 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 or assignee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:  **3/29/95** **926 8211**
SIGNATURE APPLIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR