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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M51272** **(6)**

1. Corporation Name
E.C.S.B. HOLDING COMPANY, INC.

Principal Place of Business	*Mailing Address*
768 N. BEAL PARKWAY P.O. BOX 3040 FT. WALTON BCH. FL 32547	768 N. BEAL PARKWAY P.O. BOX 3040 FT. WALTON BCH. FL 32547-0040

3. Date Incorporated or Qualified: 04/30/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2836230 ☐ 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

OWENS, EDDIE M
% E.C.S.B. HOLDING COMPANY INC.D
768 N. BEAL PARKWAY
FT. WALTON BCH. FL 32547

10. Name and Address of New Registered Agent

81 Name: AL P QUALLS, JR
82 Street Address (P.O. Box Number is Not Acceptable): C/O E.C.S.B. HOLDING COMPANY INC
83: 768 N BEAL PARKWAY/PO BOX 3040
84 City: FORT WALTON BEACH, FL FL 85 Zip Code: 32547

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] 4/28/97
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	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	QUALLS, A.P. JR		1.2 NAME		
STREET ADDRESS	1120 SANTA ROSA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH. FL 32548		1.4 CITY-ST-ZIP		
TITLE	DPVC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENT, EUGENE F JR		2.2 NAME		
STREET ADDRESS	221 WOODLAWN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL		2.4 CITY-ST-ZIP		
TITLE	DVST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, EDDIE MAE		3.2 NAME		
STREET ADDRESS	228 MONNEY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH. FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 4/28/97 (904)244-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0488516