

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000099930**1. Entity Name
TRI-COUNTY BANK

Principal Place of Business 24 2ND AVE SE MOULTRIE GA 31768	Mailing Address 24 2ND AVE SE MOULTRIE GA 31768
---	---

2. Principal Place of Business 302 NORTH MAIN STREET	3. Mailing Address 302 NORTH MAIN STREET
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State TRENTON FL	City & State TRENTON FL
----------------------------	----------------------------

Zip 32693	Country	Zip 32693	Country
--------------	---------	--------------	---------

4. FEI Number 59-3715374	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S PINE ISLAND RD

PLANTATION FL 33324 US**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **09/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOGGINS NORMAN	
STREET ADDRESS	302 NORTH MAIN STREET	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES MICHAEL	
STREET ADDRESS	302 NORTH MAIN STREET	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM DONNA	
STREET ADDRESS	302 NORTH MAIN STREET	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON JOHN H.	
STREET ADDRESS	302 NORTH MAIN STREET	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH WILBUR	
STREET ADDRESS	302 NORTH MAIN STREET	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNICUTT KENNETH J	
STREET ADDRESS	24 2ND AVE SE	
CITY-ST-ZIP	MOULTRIE GA 31768	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J HUNNICUTT

D

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

MARK THOMAS, DIRECTOR
24 2ND AVE SE

MOULTRIE GA 31768