

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90074 001 ***450.00

DOCUMENT # P00000099930

1. Entity Name
TRI-COUNTY BANK



Principal Place of Business
302 NORTH MAIN STREET
TRENTON, FL 32693

Mailing Address
302 NORTH MAIN STREET
TRENTON, FL 32693

664104225



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3715374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME EDWARDS, JON
STREET ADDRESS 24 2ND AVE SE
CITY-ST-ZIP MOULTRIE, GA 31768

TITLE D
NAME BUSH, WILBUR
STREET ADDRESS 302 NORTH MAIN STREET
CITY-ST-ZIP TRENTON, FL 32693

TITLE D
NAME FERGUSON, JOHN H.
STREET ADDRESS 302 NORTH MAIN STREET
CITY-ST-ZIP TRENTON, FL 32693

TITLE D
NAME GRAHAM, DONNA
STREET ADDRESS 302 NORTH MAIN STREET
CITY-ST-ZIP TRENTON, FL 32693

TITLE D
NAME HAYES, MICHAEL
STREET ADDRESS 302 NORTH MAIN STREET
CITY-ST-ZIP TRENTON, FL 32693

TITLE D
NAME SCOGGINS, NORMAN
STREET ADDRESS 302 NORTH MAIN STREET
CITY-ST-ZIP TRENTON, FL 32693

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Edwards

2/25/04

Date

229-890-6365

Daytime Phone #