2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-07-2005 90057 050 ***150.00
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099930

1. Entity Name
TRI-COUNTY BANK

Principal Place of Business	Mailing Address
302 NORTH MAIN STREET TRENTON, FL 32693	P.O. BOX 797 TRENTON, FL 32693

2. Principal Place of Business	3. Mailing Address
530 East Wade Street Suite, Apt. #, etc.	530 East Wade Street Suite, Apt. #, etc.
City & State: Trenton, FL	City & State: Trenton, FL
Zip: 32693 Country: Gilcrest	Zip: 32693 Country: Gilcrest

01122005 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
BEAUCHAMP, GREGORY V P.A. 107 E PARK AVE CHEIFLAND, FL 32626	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, JON 24 2ND AVE SE MOULTRIE, GA 31768	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Samuel S. Sanders 530 East Wade Street Trenton, FL 32693	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, WILBUR 302 NORTH MAIN STREET TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, JOHN H. 302 NORTH MAIN STREET TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, DONNA 302 NORTH MAIN STREET TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, MICHAEL 302 NORTH MAIN STREET TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOGGINS, NORMAN 302 NORTH MAIN STREET TRENTON, FL 32693	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1/13/05 (229)-890-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #