2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P01000084510

Entity Name: THE BANK OF TALLAHASSEE

Current Principal Place of Business:

3425-23 THOMASVILLE RD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P O BOX 13595
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3741457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LINDSEY, WILLIAM S
3425-23 THOMASVILLE ROAD
TALLAHASSEE, FL 32309 US

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: WM SCOTT LINDSEY 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NIXON, F.C.
Address: 2961 ST STEPHENS DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: BACON, ROBERT K
Address: 7984 BRIARCREEK RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: CONLIN, JOHN L
Address: 4924 LESTER RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: DC ( ) Delete
Name: LINDSEY, SCOTT
Address: 6518 SAYLERS CREEK RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: FISH, KENNETH G
Address: 517 E PRIVATE RD
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: D ( ) Delete
Name: TAYLOR, AARON
Address: 3863 W MILLERS BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI A KINSEY SVP 05/01/2006
Electronic Signature of Signing Officer or Director Date