

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040593

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: FIRST BANKING SERVICES OF THE SOUTH, INC.

## Current Principal Place of Business:

29 EGLIN PKWY  
FT WALTON BEACH, FL 32549 US

## New Principal Place of Business:

15 N EGLIN PKWY  
FT WALTON BEACH, FL 32549 US

## Current Mailing Address:

P O BOX DRAWER 1327  
FT WALTON BEACH, FL 32549 US

## New Mailing Address:

FEI Number: 59-3184773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEASLEY, J. LARRY SR.  
29 EGLIN PKWY  
FT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BEASLEY, J. LARRY SR.  
Address: 29 EGLIN PKWY.  
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: D ( ) Delete  
Name: TRINGAS, JOHN J.  
Address: 29 EGLIN PKWY  
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: D ( ) Delete  
Name: TUCKER, JIMMY  
Address: 29 EGLIN PKWY  
City-St-Zip: FT WALTON BEACH, FL 32549

Title: V ( ) Delete  
Name: LOTT, TRACY  
Address: 29 N. EGLIN PKY  
City-St-Zip: FT WALTON BEACH, FL 32549

Title: V ( ) Delete  
Name: MATTHEWS, JUSTIN  
Address: 29 N EGLIN PKWY  
City-St-Zip: FT WALTON BEACH, FL 32549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: TRINGAS, JOHN J  
Address: 29 EGLIN PKWY  
City-St-Zip: FT. WALTON BEACH, FL 32549

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 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: J. LARRY BEASLEY, SR

PD

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date