

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040593

FILED  
Jan 28, 2010  
Secretary of State

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

**Current Principal Place of Business:**

15 N EGLIN PKWY  
FT WALTON BEACH, FL 32549 US

**New Principal Place of Business:**

**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  
Name: BEASLEY, J. LARRY SR.  
Address: 29 EGLIN PKWY.  
City-St-Zip: FT. WALTON BEACH, FL 32549

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: J. LARRY BEASLEY, SR

PD

01/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date