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FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073111 (4)

1. Corporation Name
PREMIER BANK

Principal Place of Business

3110 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 3606
TALLAHASSEE FL 32315-3606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

4. FEI Number

59-3228475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BOYLE, DENNIS O	
STREET ADDRESS	3078 SHAMROCK N	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	DELETE
NAME	FITZGERALD, DENNIS J	
STREET ADDRESS	791 RHODEN COVE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	DELETE
NAME	CAMPS JR, JOSEPH L	
STREET ADDRESS	3000 BOBBIN BROOKS CR 1315 Hodges Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	DELETE
NAME	LANGFORD, A. LAWTON	
STREET ADDRESS	2941 BRANDEMERE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	DELETE
NAME	WILLIS, CYNTHIA P	
STREET ADDRESS	206 MILL BRANCH RD 2059 Miller Landing	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	DELETE
NAME	HOWELL, WINSTON	
STREET ADDRESS	3120 SHANNON LAKES DRIVE NORTH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	Change	Addition
1.2 NAME	Tom C. Hawcy		
1.3 STREET ADDRESS	3334 Capital Medical Blvd, Suite 400		
1.4 CITY-ST-ZIP	Tallahassee, FL 32308		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/21/98 850-574-3539

CR2E034 (10/97)