AMOUNT DUE ON OR BEFORE 05/1/99: $550 IF DELINQUENT, ADDITIONAL AMOUNT DUE TO REINSTATE: $150

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1999 8:00am
Secretary of State

DOCUMENT # P94000073111

1. Corporation Name
PREMIER BANK

Principal Place of Business	Mailing Address
3110 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 US	P.O. BOX 3606 TALLAHASSEE FL 32315-3606 US

07/15/99 90010 017 550.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994

4. FEI Number: 59-3226475 ☐ 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

7. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

31 Name

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

33

34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, DENNIS O 3078 SHAMROCK N TALLAHASSEE FL 32308	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Tom C. Haney 3484 Centre Pointe Dr. Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZGERALD, DENNIS J 791 RHODEN COVE RD TALLAHASSEE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPS JR, JOSEPH L 1315 HODGES DR. TALLAHASSEE FL 32308	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGFORD, A. LAWTON 2941 BRANDEMERE TALLAHASSEE FL 32312	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, CYNTHIA P 2059 MILLER LANDING TALLAHASSEE FL 32312	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	8/19/99	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, WINSTON 3120 SHANNON LAKES DRIVE NORTH TALLAHASSEE FL 32308	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Bryan Simpson Comptroller 7/9/99 850-386-1585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/96)

7/16