

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 035 ***150.00

DOCUMENT # P940000731 11

1. Entity Name
PREMIER BANK

Principal Place of Business
3110 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

Mailing Address
PO BOX 3606
TALLAHASSEE, FL 32315-3606 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3228475

Applied For
Not

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, G. MATTHEW
PREMIER BANK
31 10 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BOYLE, DENNIS O
STREET 283 ROSEHILL DR
ADDRESS TALLAHASSEE, FL 32312

☒ Change ☐ Addition
NAME DC
STREET ADDRESS BOYLE, DENNIS O
CITY-ST-ZIP 3110 CAPITAL CIR NE
TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME HANEY, TOM C MD
STREET 259 ROSEHILL DR
ADDRESS TALLAHASSEE, FL 32312

☒ Change ☐ Addition
NAME D
STREET ADDRESS HANEY, TOM C MD
CITY-ST-ZIP 3110 CAPITAL CIR NE
TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME PHIPPS, CYNTHIA G
STREET 2059 MILLER LANDING
ADDRESS TALLAHASSEE, FL 32312

☒ Change ☐ Addition
NAME D
STREET ADDRESS PHIPPS, CYNTHIA G
CITY-ST-ZIP 3110 CAPITAL CIR NE
TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME LANGFORD, A. LAWTON
STREET 5002 BRILL POINT
ADDRESS TALLAHASSEE, FL 32312

☒ Change ☐ Addition
NAME DVICE CHAIR
STREET ADDRESS LANGFORD, A. LAWTON
CITY-ST-ZIP 3110 CAPITAL CIR NE
TALLAHASSEE, FL 32308

TITLE DPCE ☐ Delete
NAME BROWN, G. MATTHEW
STREET 3429 GARDEN VIEW WAY
ADDRESS TALLAHASSEE, FL 32312

☒ Change ☐ Addition
NAME D/P/CEO
STREET ADDRESS BROWN, G. MATTHEW
CITY-ST-ZIP 3110 CAPITAL CIR NE
TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME HOWELL, WINSTON
STREET 8004 EVENING STRAR LANE
ADDRESS TALLAHASSEE, FL 32312

☒ Change ☐ Addition
NAME D
STREET ADDRESS HOWELL, WINSTON K.
CITY-ST-ZIP 3110 CAPITAL CIR NE
TALLAHASSEE, FL 32308

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

850-383-4602

Date

Daytime Phone #