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Apr 29 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 # P96000018022 (9)

1. Corporation Name
CF BANCSHARES, INC.



Principal Place of Business

Mailing Address

401 FIFTH STREET
PORT ST. JOE FL 32456

401 FIFTH STREET
PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGLER & DAUGHERTY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME COSTIN, CECIL G SR
STREET ADDRESS 706 MONUMENT AVENUE
CITY-ST-ZIP PORT ST. JOE FL 32456

DC
Hannon, Frank
501 Monument Ave
Port St. Joe, FL 32456 ☐ Change ☒ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME COSTIN, CHARLES A
STREET ADDRESS 612 CAPE PLANTATION DRIVE
CITY-ST-ZIP PORT ST. JOE FL 32456

TD
May, David B.
105 Allen Memorial Way
Port St. Joe, FL 32456 ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME JOHNSON, GREG
STREET ADDRESS 101 ALLEN MEMORIAL WAY
CITY-ST-ZIP PORT ST. JOE FL 32456

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MARSHALL, DWIGHT I JR
STREET ADDRESS 956 W. GORRIE
CITY-ST-ZIP ST. GEORGE ISLAND FL 32465

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME REVELL, FOREST A
STREET ADDRESS HIGHWAY 22
CITY-ST-ZIP WEWAHITCHKA FL 32465

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME BARRIER, W.W. JR
STREET ADDRESS 1411 MONUMNET AVENUE
CITY-ST-ZIP PORT ST. JOE FL 32456

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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.

Greg Johnson April 24 1998 850-227-1416

CR2E034 (10/97)