FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Jun 22 1999 8:00 am
Secretary of State

DOCUMENT # P96000018022

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 02/27/1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3393707	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

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 _____ 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	DC	☐ DELETE	1.1 TITLE	Director	☐ Change ☐ Addition
NAME	HANNON, FRANK		1.2 NAME	Stuart Shoaf	
STREET ADDRESS	501 MONUMENT AVE		1.3 STREET ADDRESS	1902 Monument Avenue	
CITY-ST-ZIP	PORT ST. JOE FL 32456		1.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	SD	☐ DELETE	2.1 TITLE	Director	☐ Change ☐ Addition
NAME	COSTIN, CHARLES A		2.2 NAME	David B. May	
STREET ADDRESS	612 CAPE PLANTATION DRIVE		2.3 STREET ADDRESS	105 Allen Memorial Way	
CITY-ST-ZIP	PORT ST. JOE FL 32456		2.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	PD	☐ DELETE	3.1 TITLE	Senior Vice President	☐ Change ☐ Addition
NAME	JOHNSON, GREG		3.2 NAME	Kathy Leibold	
STREET ADDRESS	101 ALLEN MEMORIAL WAY		3.3 STREET ADDRESS	719 Gulfaire Drive	
CITY-ST-ZIP	PORT ST. JOE FL 32456		3.4 CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, DWIGHT I JR		4.2 NAME		
STREET ADDRESS	956 W. GORRIE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32465		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, FOREST A		5.2 NAME		
STREET ADDRESS	HIGHWAY 22		5.3 STREET ADDRESS	6/22/99 90005 009 $150.00	
CITY-ST-ZIP	WEWAHITCHKA FL 32465		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRIER, W.W. JR		6.2 NAME		
STREET ADDRESS	1411 MONUMNET AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL 32456		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQ Greg Johnson 4/16/99 850-227-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/19/99 (W)