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

PROFIT CORPORATION ANNUAL REPORT

1998

25



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062015 (8) DESTIN BANCSHARES, INC. Principal Place of Business Mailing Address 125 MAIN ST 125 MAIN ST **DESTIN FL 32541-2501 DESTIN FL 32541-2501** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3408180 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country

24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BURGE, FRANK 125 MAIN ST Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541-2501**

29

Zip Code City 85

Personal Property Tax due June 30.

This corporation owes or has paid the current year Intangible

XXYes

FILED

Apr 29 1998 8:00am

Secretary of State

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.

30

SIGNATURE Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. XXDELETE Change X KAddition 1.1 TITLE TITLE EASTERLY, EDWARD Y JR E. LANCE GREENWALD NAME 1.2 NAME 4420 COLIN ST SUITE 205 151 W COUNTRY CLUB DR STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL METARIE, LA 7006 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE WILSON, DEWEY C JR NAME 2.2 NAME **RT 3 BOX 74** STREET ADDRESS 2.3 STREET ADDRESS DEFUNIAK SPRINGS FL CITY-ST-2IP 2. 4 CITY - ST - ZIP DELETE ☐ Change ___ Addition 3.1 TITLE TITLE CLAY, RONNY A 3.2 NAME NAME 705 GULFSHORE DR, #104 STREET ADDRESS 3.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE BURGE, FRANK 4. 2 NAME NAME 2957 E HWY 30A STREET ADDRESS 4.3 STREET ADDRESS SANTA ROSA BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP XXXChange Addition DELETE TITLE 5.1 TITLE YUNG, THELBERT 5.2 NAME YOUNG, THELBERT NAME **526 BAYVIEW ST** 5.3 STREET ADDRESS STREET ADDRESS 526 BAYVIEW ST DESTIN FL 5.4 CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE RIGGS, STEPHEN C 6.2 NAME 8 SHADY LANE DR **6.3 STREET ADDRESS** STREET ADDRESS MARY ESTHER FL

64 CITY-ST-ZIP 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 suppliemental 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: