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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000057334 (9)**

1. Corporation Name
PSB BANCGROUP, INC.

Principal Place of Business	Mailing Address
2451 CASTLE HEIGHTS DRIVE LAKE CITY FL 32025-8	2451 CASTLE HEIGHTS DRIVE LAKE CITY FL 32025-8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1997

2. Principal Place of Business	2a. Mailing Address
21 500 S. FIRST STREET	26 P. O. BOX 3265
Suite, Apt. #, etc 22 SUITE ONE	Suite, Apt. #, etc. 27
City & State 23 LAKE CITY, FL	City & State 28 LAKE CITY, FL
Zip / Country 24 32025 / 25 USA	Zip / Country 29 32056 / 30 USA

4. FEI Number: 59-3454146 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
IGLER & DOUGHTERY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**
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 Robert W. Woodard Robert W. Woodard, President & CEO 04/30/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C-D MILTON, ALTON C 2451 CASTLE HEIGHTS DR. LAKE CITY FL 32025	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO WOODARD, ROBERT W 2451 CASTLE HEIGHTS DR. LAKE CITY FL 32025	☐ 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 BURNS, JOHN W III 2451 CASTLE HEIGHTS DR. LAKE CITY FL 32025	☐ 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	TD EADIE, ROBERT M RT 13 BOX 559 LAKE CITY FL 32055	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MILTON, ALTON C., JR 2732 S. FIRST ST LAKE CITY, FL 32025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RATLIFF, ROGER W RT 4 BOX 77-B JASPER FL 32052	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD MOORE, ANDREW T. 104 FAIRWAY DR LAKE CITY, FL 32055	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, SAMUEL F 226 PARK LANE LAKE CITY FL 32025	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D MHATRE, SHILPA U. RT 18 BOX 600 LAKE CITY, FL 32025	☐ Change ☒ Addition

CR2E034 (10/97)

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: Robert W. Woodard Robert W. Woodard, President & CEO 04/30/1998