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
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90018 041 ***558.75

DOCUMENT # P97000057334

1. Corporation Name
PSB BANCGROUP, INC.

Principal Place of Business	Mailing Address
500 S FIRST ST STE ONE LAKE CITY FL 32025 US	POB 3265 LAKE CITY FL 32056 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

4. FEI Number: 59-3454146 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 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 & DOUGHTERY, 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	C-D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MILTON, ALTON C		1.2 NAME	EADIE, ROBERT M.	
STREET ADDRESS	2732 S FIRST ST		1.3 STREET ADDRESS	RT 13 BOX 559	
CITY-ST-ZIP	LAKE CITY FL 32025		1.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	PCEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODARD, ROBERT W		2.2 NAME		
STREET ADDRESS	2451 CASTLE HEIGHTS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, JOHN W III		3.2 NAME		
STREET ADDRESS	RT 3 BOX 319		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILTON, ALTON		4.2 NAME		
STREET ADDRESS	2732 S FIRST ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, ANDREW		5.2 NAME		
STREET ADDRESS	104 FAIRWAY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MHATRE, SHILPA		6.2 NAME		
STREET ADDRESS	RT 18, BOX 600		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32025		6.4 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 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: Robert W. Woodard SIGNATURE REQUIRED 7-7-99 904/754-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT W. WOODARD

CR2E034 (11/98)