2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90039 038 ***158.75

DOCUMENT # P97000057334

1. Entity 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 32056-3265 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 2199 Suite, Apt. #, etc.
City & State	City & State: Lake City, FL
Zip / Country	Zip: 32056-2199 / Country: USA

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IGLER & DOUGHTERY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C-D MILTON, ALTON C 2732 S FIRST ST LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Alton C. Milton, Sr.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO WOODARD, ROBERT W 2451 CASTLE HEIGHTS DR. LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert M. Eadie Rt. 13, Box 559 Lake City, FL 32055 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, JOHN W III RT 3 BOX 319 LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, ALTON 2732 S FIRST ST LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Alton C. Milton, Jr.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOORE, ANDREW 104 FAIRWAY DR LAKE CITY FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jimmie A. Kirk Rt. 13, Box 1019-A Lake City, Fl 32055 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MHATRE, SHILPA RT 18, BOX 600 LAKE CITY FL 32025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Andrew T. Moore ☒ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Woodard / Robert W. Woodard 02/01/00 904/754-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #