2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P97000057334** PSB BANCGROUP, INC. 03-23-2000 90039 038 ***158.75 Mailing Address Principal Place of Business POB 3265 500 S FIRST ST LAKE CITY FL 32056-3265 STE ONE LAKE CITY FL 32025 3. Mailing Address 2. Principal Place of Business P.O. BOX 2199 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Cityl& State 4. FEI Number Applied For City & State 59-3454146 Not Applicable ake Cita Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32056-2199 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IGLER & DOUGHTERY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 PARK AVENUE EAST TALLAHASSEE FL 32301 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 💢 Change ☐ Addition C-D ☐ Delete TITLE Alton C. milton, Sr. MILTON, ALTON C NAME STREET ADDRESS STREET ADDRESS 2732 S FIRST ST CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 ☐ Change Addition TITLE PCE0 ☐ Delete TITLE Robert M. Eadie WOODARD, ROBERT W NAME NAME Rt. 13, BOX 559 STREET ADDRESS STREET ADDRESS 2451 CASTLE HEIGHTS DR. CITY-ST-ZIP CITY-ST-ZIE LAKE CITY FL 32025 Addition ☐ Delete Change TITLE TITLE NAME BURNS, JOHN W III NAME STREET ADDRESS STREET ADDRESS RT 3 BOX 319 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 Change ☐ Addition ☐ Delete TITLE Alton C. Milton, Jr. NAME MILTON, ALTON MAME STREET ADDRESS STREET ADDRESS 2732-S.FIRST ST CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 **X** Addition ☐ Delete TITLE ☐ Change TITLE NAME MOORE, ANDREW NAME Jimmie A. Kirk STREET ADDRESS Rt.13, BOX 1019-A STREET ADDRESS 104 FAIRWAY DR CITY_ST_7IP CITY-ST-ZIP Lake City, Fr 37055 LAKE CITY FL 32055 ☐ Addition ☐ Delete TITLE Change TITLE Andrew T. Moore NAME MHATRE, SHILPA NAME STREET ADDRESS STREET ADDRESS RT 18, BOX 600 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 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: Light W. Woo dar S. W. Corberto.