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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State
05-12-1999 90006 022 ***150.00

DOCUMENT # **P98000067678**

1. Corporation Name
HEARTLAND BANCSHARES, INC.

Principal Place of Business	Mailing Address
325 CENTRAL AVENUE LAKE PLACID FL 33852	325 CENTRAL AVENUE LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/03/1998

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

4. FEI Number: 65-0854929 ☐ 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

HARRIS, BERT J III
325 CENTRAL AVENUE
LAKE PLACID FL 33852

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINARD, JAMES C P.O. BOX 581 LAKE PLACID FL 33862	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD WILLIAM R. HANDLEY 2636 MELLOW LANE SEBRING, FL 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD BERT J. HARRIS, III 325 CENTRAL AVE. LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD LAWRENCE B. WELLS 309 U.S. 27 SOUTH LAKE PLACID, FL 33852	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D WILLIAM R. GRIGSBY 7200 SW 196th TERRACE OKEECHOBEE, FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D ISSAC NAGIB 4101 TANGIER ST. SEBRING, FL 33872	☐ Change ☒ Addition

CR2E034 (11/98)

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: James C Clinard — James C Clinard — 4-27-99 — 941-699-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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#P98000067678

HEARTLAND BANCSHARES, INC. FEI# 65-0854929

ADDENDUM TO DOCUMENT #P98000067678

PROFIT CORPORATION ANNUAL REPORT
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13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	**D**	☒ Addition
NAME	**PERUMALSWAMY RAJARAM**	
ST ADDRESS	**4700 SPARTA ROAD**	
CITY-ST-ZIP	**SEBRING, FL 33872**	
TITLE	**D**	☒ Addition
NAME	**S. ALLEN SKIPPER**	
ST ADDRESS	**3700 EMERGENCY LN.**	
CITY-ST-ZIP	**SEBRING, FL 33870**	
TITLE	**D**	☒ Addition
NAME	**EDWARD L SMOAK**	
ST ADDRESS	**1025 CR 17 NORTH**	
CITY-ST-ZIP	**LAKE PLACID, FL 33852**	
TITLE	**D**	☒ Addition
NAME	**MALCOLM C. WATTERS JR.**	
ST ADDRESS	**2220 CR 17 NORTH**	
CITY-ST-ZIP	**LAKE PLACID, FL 33852**	