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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019211

1. Entity Name
PREMIER BANK HOLDING COMPANY

Principal Place of Business	Mailing Address
3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308	3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0461161 ☐ Applied For
NOT APPLICABLE ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIMBEL, ALBERT T
MESSER, CAPARELLO & SELF, P.A.
215 S. MONROE ST., STE 701
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: G. Matthew Brown
Street Address (P.O. Box Number is Not Acceptable): Premier Bank Holding Company
3110 Capital Circle NE
City: Tallahassee FL Zip Code: 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Document filed to correct registered agent - 1/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO BOYLE, DENNIS O 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DC Boyle, Dennis O. 3110 Capital Circle NE Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCV LANGFORD, A L 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D/VC Langford, AL 3110 Capital Circle NE Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HOWELL, WINSTON K 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D Howell, Winston K. 3110 Capital Circle NE Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPS, JOSEPH L JR 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Charles B. Mitchell 3110 Capital Circle NE Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANEY, THOMAS C 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D/P/CEO G Matthew Brown 3110 Capital Circle NE Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYNTHIA, PHIPPS G 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S Linda Palmer 3110 Capital Circle NE Tallahassee, FL 32308

1/31/30

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda K. Palmer, 1/12/04 850-383-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda K. Palmer, Secretary

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019211

1. Entity Name
PREMIER BANK HOLDING COMPANY

pg 2 of 2

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0160161 ☐ Applied For ☐ Not Applicable
~~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
GIMBEL, ALBERT T MESSER, CAPARELLO & SELF, P.A. 215 S. MONROE ST., STE 701 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. I am familiar with, and accept the obligations of registered agent.

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

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO BOYLE, DENNIS O 3110 CAPITAL CIRCLE NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Jack D. Kane 3110 Capital Circle, NE Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCV LANGFORD, A L 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/CFO Bryan Robinson 3110 Capital Circle NE Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HOWELL, WINSTON K 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPS, JOSEPH L JR 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANEY, THOMAS C 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CYNTHIA, PHIPPS G 3110 CAPITAL CIR NE TALLAHASSEE, FL 323083706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: Linda K. Palmer 1/12/04 850-383-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda K. Palmer, Secretary