

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90197 015 ***150.00

00052386



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000102520

1. Entity Name
APALACHICOLA STATE BANKING CORPORATION

Principal Place of Business: **22 AVE. E. APALACHICOLA FL 32329**
 Mailing Address: **22 AVE. E. APALACHICOLA FL 32329**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

4. FEI Number **59 3636560** **APPLIED FOR**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
IGLER & DOUGHERTY, P.A.
1501 PARK AVE. E.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: **BARRY BRYNJOLFSSON**
 Street Address (P.O. Box Number is Not Acceptable): **212 AVENUE C**
APALACHICOLA, FL 32320
 City: **APALACHICOLA** FL Zip Code: **32320**

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: **4/16/01**

(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, 2001 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	
TITLE: D <input type="checkbox"/> Delete	GANDER, JAMES V P.O. BOX 86 N/A APALACHICOLA FL 32329
TITLE: D <input type="checkbox"/> Delete	BRYNJOLFSSON, BARRY E 212 AVE. C APALACHICOLA FL
TITLE: D <input type="checkbox"/> Delete	BRYANT, ALBERT JR P.O. BOC 543 N/A EASTPOINT FL 32328
TITLE: D <input type="checkbox"/> Delete	TAYLOR, AARON P.O. BOX 606 N/A EASTPOINT FL 32328
TITLE: D <input type="checkbox"/> Delete	RANDOLPH, CELVELAND W JR MD 1174 SHIPWATCH DR. E. JACKSONVILLE FL 32225
TITLE: D <input type="checkbox"/> Delete	BLOODWORTH, LEON R P.O. BOX 684 N/A APALACHICOLA FL 32329-0684

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	GANDER, JAMES V. 999 BLUFF ROAD APALACHICOLA, FL 32320
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MILLENDER, FARRIS V. HWY 67 CARRABELLE, FL 32322
TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SHULER, J. GORDON 100 21st ST APALACHICOLA, FL 32320
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)