

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90592 001 ***300.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3636560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRYNJOLFSSON, BARRY
 212 AVENUE C
 APALACHICOLA FL 32320**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	DC	<input checked="" type="checkbox"/> Delete
NAME	GANDER, JAMES V	
STREET ADDRESS	999 BLUEF ROAD	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYNJOLFSSON, BARRY E	
STREET ADDRESS	212 AVE. C	
CITY-ST-ZIP	APALACHICOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, ALBERT JR	
STREET ADDRESS	P.O. BOX 543 N/A	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, AARON	
STREET ADDRESS	P.O. BOX 606 N/A	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDOLPH, CELVELAND W JR MD	
STREET ADDRESS	1174 SHIPWATCH DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOODWORTH, LEON R	
STREET ADDRESS	P.O. BOX 684 N/A	
CITY-ST-ZIP	APALACHICOLA FL 32329-0684	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Terry Debase	
STREET ADDRESS	4321 Jan Cooky Dr	
CITY-ST-ZIP	Panama City Beach, FL 32378	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Gordon Shalen	
STREET ADDRESS	100 21st St.	
CITY-ST-ZIP	Apalachicola, FL 32320	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando V. M. Hernandez	
STREET ADDRESS	Hwy 67 N	
CITY-ST-ZIP	Carabelle, FL 32222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

Daytime Phone #

CR2E034 (9/01)