FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:02

DOCUMENT # S84127 (7)

1. Corporation Name
FIRST FINANCIAL BANCSHARES OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
ONE NORTH FIRST STREET LAKE WALES FL 33853	P.O. BOX 1290 LAKE WALES FL 33859-1290 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1991
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business (21):
2a. Mailing Address (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: 59-3098668 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIKES, FRANK
ONE NORTH FIRST ST.
LAKE WALES FL 33853

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	D	11 TITLE	☐ Change ☒ Addition
NAME	WETZEL, ROBERT H	12 NAME	Director Henry F. Bullard
STREET ADDRESS	ONE NORTH FIRST STREET	13 STREET ADDRESS	One North First Street
CITY-ST-ZIP	LAKE WALES FL	14 CITY-ST-ZIP	Lake Wales, Fl 33853
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GODWIN, ROYCE K., SR.	22 NAME	
STREET ADDRESS	ONE NORTH FIRST ST.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOLMES, WILLIAM E.	32 NAME	
STREET ADDRESS	ONE NORTH FIRST ST.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SIKES, FRANK	42 NAME	
STREET ADDRESS	ONE NORTH FIRST ST.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	THULLBERY, FRANK M.	52 NAME	
STREET ADDRESS	ONE NORTH FIRST ST.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	54 CITY-ST-ZIP	
TITLE	ST	61 TITLE	☐ Change ☐ Addition
NAME	SHERRER, VERA Y.	62 NAME	
STREET ADDRESS	ONE NORTH FIRST ST.	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Frank D Sikes President 01-13-95 (813) 676-3431
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0317475 CP