

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018266

Entity Name: LAFAYETTE STATE BANK**Current Principal Place of Business:**340 W MAIN STREET
MAYO, FL 32066**Current Mailing Address:**P.O. BOX 108
MAYO, FL 32066**FEI Number:** 59-0549169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERTS, JAMES A
340 W MAIN STREET
MAYO, FL 32066 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCD
Name	ROBERTS, JAMES A
Address	2807 NW 142 AVENUE
City-State-Zip:	GAINESVILLE FL 32609

Title	SVP
Name	PRIMM, WILLIAM M
Address	383 NW WHISPERING PINES
City-State-Zip:	MADISON FL 32340

Title	VP
Name	HAMLIN, MARY E
Address	2565 EAST US 27
City-State-Zip:	MAYO FL 32066

Title	D
Name	WILLIAMS, REYNOLDS R
Address	606 NE CANDY LANE
City-State-Zip:	MAYO FL 32066

Title	D
Name	HEWETT, JOHN C
Address	P O BOX 582
City-State-Zip:	MAYO FL 32066

Title	D
Name	SHAW, MIKE H
Address	P.O. BOX 357
City-State-Zip:	MAYO FL 32066

Title	DIRECTOR
Name	CROFT, WILLIAM G JR.
Address	P.O. BOX 1480
City-State-Zip:	MAYO FL 32066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A. ROBERTS**PRESIDENT & CHAIRMAN** 01/23/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date