

**2014 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           | 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 |

*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 &amp; CEO

03/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date