

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G15980**

(7)

1. Corporation Name

FARMERS BANCSHARES, INC.



Principal Place of Business

% PHILLIP N. HENRICKSON
P O BOX 128
MALONE FL 32445

Mailing Address

% PHILLIP N. HENRICKSON
P O BOX 128
MALONE FL 32445

3. Date Incorporated or Qualified 12/30/1982	3a. Date of Last Report 01/27/1995
4. FEI Number 59-2312988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HENRICKSON, EVERETT C
HWY 71 N
MALONE FL 32445**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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

Signature of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIS, CHARLES R.	1.2 NAME	
STREET ADDRESS	P.O. BOX 156	1.3 STREET ADDRESS	
CITY, ST, ZIP	MALONE FL	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN JR, GREEN	2.2 NAME	
STREET ADDRESS	TENTH ST PO BOX 122	2.3 STREET ADDRESS	
CITY, ST, ZIP	MALONE, FL 00000	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, JOHN R	3.2 NAME	
STREET ADDRESS	P.O. BOX 448	3.3 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	3.4 CITY, ST, ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRICKSON, PHILLIP H.	4.2 NAME	
STREET ADDRESS	HWY 2 W. P.O. BOX 128	4.3 STREET ADDRESS	
CITY, ST, ZIP	MALONE, FL 00000	4.4 CITY, ST, ZIP	
TITLE	ED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, PEGGY	5.2 NAME	
STREET ADDRESS	4667 MEADOWVIEW RD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	MARIANNA FL	5.4 CITY, ST, ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRICKSON, EVERETT C	6.2 NAME	
STREET ADDRESS	HWY 71 N	6.3 STREET ADDRESS	
CITY, ST, ZIP	MALONE FL	6.4 CITY, ST, ZIP	

D
JIMMY J. RODGERS
5474 OLD US ROAD
MALONE, FLA 32445

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)(k), 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 appointment with an address.

SIGNATURE: **EVERETT C. HENRICKSON** (904) 569-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1-24-96

CR2E034 (12/95)