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Jan 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32445-0128

3. Date Incorporated or Qualified 12/30/1982	3a. Date of Last Report 01/30/1996
4. FEI Number 59-2312988	Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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 on separate piece of paper, then inserted and filed if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DST	<input type="checkbox"/>
NAME	MATHIS, CHARLES R.	
STREET ADDRESS	P.O. BOX 156	
CITY-ST-ZIP	MALONE FL	
TITLE	DV	<input type="checkbox"/>
NAME	JORDAN JR, GREEN	
STREET ADDRESS	TENTH ST PO BOX 122	
CITY-ST-ZIP	MALONE, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	HANCOCK, JOHN R	
STREET ADDRESS	P.O. BOX 448	
CITY-ST-ZIP	MARIANNA FL	
TITLE	CD	<input type="checkbox"/>
NAME	HENRICKSON, PHILLIP H.	
STREET ADDRESS	HWY 2 W. P.O. BOX 128	
CITY-ST-ZIP	MALONE, FL 00000	
TITLE	ED	<input checked="" type="checkbox"/>
NAME	PEACOCK, PEGGY	
STREET ADDRESS	4667 MEADOWVIEW RD.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	PD	<input type="checkbox"/>
NAME	HENRICKSON, EVERETT C	
STREET ADDRESS	HWY 71 N	
CITY-ST-ZIP	MALONE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 13-4 changed, or on an attachment with an address.

SIGNATURE: Phillip N. Henrickson 1-10-97 (904) 569-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)