

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------|---------------------|----------------------------|-----------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/30/1982 | |
| 21 | | 26 | EVERETT C. HENRICKSON | 4. FEI Number | 59-2312988 |
| 22 | Suite, Apt. #, etc. | 27 | P.O. Box 345 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | City & State | 28 | GRACEVILLE, FLA | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | 32440 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Country | | 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) ROUTE 2 |
| 83 | |
| 84 | City GRACEVILLE |
| 85 | Zip Code FL 32440 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------|--|
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | MATHIS, CHARLES R. | |
| STREET ADDRESS | P.O. BOX 158 | |
| CITY-ST-ZIP | MALONE FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | JORDAN JR, GREEN | |
| STREET ADDRESS | TENTH ST PO BOX 122 | |
| CITY-ST-ZIP | MALONE, FL 00000 32445 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HANCOCK, JOHN R | |
| STREET ADDRESS | P.O. BOX 448 | |
| CITY-ST-ZIP | MARIANNA FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HENRICKSON, PHILLIP H. | |
| STREET ADDRESS | HWY 2 W. P.O. BOX 128 | |
| CITY-ST-ZIP | MALONE, FL 00000 32445 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HENRICKSON, EVERETT C | |
| STREET ADDRESS | HWY 71 N - DEERWOOD DRIVE | |
| CITY-ST-ZIP | MALONE FL 32445 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------------|-------------------------------------|--|
| 1.1 TITLE | DST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JIMMY J. RODGERS | |
| 1.3 STREET ADDRESS | P.O. BOX 125 - 1020 US HIGHWAY 3474 | |
| 1.4 CITY-ST-ZIP | MARNE, FLA 32445 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | K.W. SMITH | |
| 3.3 STREET ADDRESS | 58870 TH STREET | |
| 3.4 CITY-ST-ZIP | MALONE, FLA 32445 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 employed 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: _____ 1-15-98 850-263-2578

CR2E034 (10/97)