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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90157 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G15980**

1. Corporation Name
FARMERS BANCSHARES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 % PHILLIP N HENRICKSON
 P O BOX 128
 MALONE FL 32445

Mailing Address
 %EVERETT C HENRICKSON
 P O BOX 345
 GRACEVILLE FL 32440
 US

3. Date Incorporated or Qualified
12/30/1982

4. FEI Number
59-2312988

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip County
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

9. Name and Address of Current Registered Agent

HENRICKSON, EVERETT C
 HWY 71 N RTE 2
 GRACEVILLE FL 32440

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMMY J RODGERS	1.2 NAME	
STREET ADDRESS	P O BOX 128	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL 32445	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN JR, GREEN	2.2 NAME	
STREET ADDRESS	5413 TENTH ST P O BOX 122	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE, FL 00000 32445	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	K W SMITH	3.2 NAME	
STREET ADDRESS	5388 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL 32445	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRICKSON, PHILLIP H.	4.2 NAME	
STREET ADDRESS	4938 HWY 2 W P O BOX 128	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE, FL 00000 32445	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRICKSON, EVERETT C	5.2 NAME	
STREET ADDRESS	HWY 71 N DEERWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL 32445	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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 attachment with an address, with all other like empowered.

SIGNATURE: *E. C. Henrickson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. C. HENRICKSON

4-26-99
 Date

850-263-2579
 D. Lytle's Phone #

CR2E034 (1/1/98)