

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 4/21/2003

Contract/Lease Control #: C03-0923-TDI-47

Bid #: N/A

Contract/Lease Type: AGREEMENT

Award To/Lessee: FIRST NATIONAL BANK & TRUST

Lessor:

Effective Date: 4/21/2003 \$10,000.00

Term: INDEFINITE

Description of Contract/Lease: CONFERENCE CENTER ATM

Department Manager: TDC

Department Monitor: B. LEAMAN

Monitor's Telephone #: 651-3800

Monitor's FAX #: 651-7149

Date Closed:



SOUTNAT-01

JCOTTINGHAM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407	CONTACT NAME: James Cottingham	
	PHONE (A/C, No, Ext): (850) 785-7407	FAX (A/C, No): (601) 208-8391
E-MAIL ADDRESS: jcottingham@fbins.com		
INSURED Southern National Banks Inc FNBT Bank PO Drawer 1327 Fort Walton Beach, FL 32549	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Great Northern Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		
		NAIC # 20303

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input type="checkbox"/> LOC OTHER:			36048034	5/10/2021	5/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73609118	5/10/2021	5/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be General Certificate

CONTRACT: C03-023-AP
FNBT.COM BANK
CONFERENCE CENTER ATM
EXPIRES: INDEFINITE

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Okaloosa County Courthouse Annex Extension 1940 Lewis Turner Blvd Fort Walton Beach, FL 32547	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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SOUTNAT-01

JCOTTINGHAM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407	CONTACT NAME: James Cottingham	
	PHONE (A/C, No, Ext): (850) 785-7407	FAX (A/C, No): (601) 208-8391
E-MAIL ADDRESS: jcottingham@fbbins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great Northern Insurance Company		20303
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			36048034	5/10/2020	5/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73609118	5/10/2020	5/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 For: (2) ATMs at the Destin-Fort Walton Beach Airport

CONTRACT #: C03-0923-TDD
FNBT BANK
CONFERENCE CENTER ATM
EXPIRES: INDEFINITE

CERTIFICATE HOLDER

CANCELL

Ocalaosa County BCC
 302 Wilson Street, Suite 301
 Crestview, FL 32536

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Robert C. McJannet



SOUTNAT-01

FBI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/09/2018

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PRODUCER Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Road, 2nd Floor Panama City Beach, FL 32407	CONTACT NAME: PHONE (A/C, No, Ext): (850) 785-7404	FAX (A/C, No): (850) 769-5942	
	E-MAIL ADDRESS:		
INSURED Southern National Banks, Inc. FNBT Bank PO Drawer 1327 Fort Walton Beach, FL 32549	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : American Guarantee & Liability		26247
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		CPO92446406	05/10/2018	05/10/2019	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>			RECEIVED AUG 13 2018 BY: P. R. C. H.			COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>					EACH OCCURRENCE \$
							AGGREGATE \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For: ATM located at the Emerald Coast Convention Center, 1250 Miracle Strip Parkway, Fort Walton Beach, FL. Holder is an additional insured in regards to the general liability policy shown.

C03-0923-TDC

CERTIFICATE HOLDER Okaloosa County 5479A Old Bethel Road Crestview, FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Robert C. McLondon</i>
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First National Bank and Trust
ATM Placement Agreement

THIS AGREEMENT is entered into this 21st day of April, 2003 (the "Effective Date") by and between First National Bank & Trust (FNBT) and Emerald Coast Convention Center(Merchant).

FNBT shall provide Merchant with Automated Teller Machine(s) (ATM) for free placement in the agreed upon locations. This agreement shall be a revenue sharing agreement for a period of one year and shall be automatically renewable each year thereafter, unless termination of this agreement is requested in writing 90 days prior to the end of the term of this agreement.

Terms of Agreement:

1. Equipment to be installed: Cash dispensing ATM system to be installed by FNBT.
2. FNBT will provide a toll-free number to facilitate dial up access. These charges will be absorbed by FNBT.
3. Cash to fill and operate system shall be furnished by FNBT.
4. Replenishment of cash will be furnished by FNBT.
5. Responsibilities:

FNBT:

- Provide ATM equipment and installation
- Pay for all transaction phone calls
- Provide signs
- Perform all processing
- Customer Service/Help Desk
- Network access sponsorship
- Balancing/reports/settlement
- Provide all replacement parts including paper for receipts
- Maintenance and repairs, including labor, excluding first line maintenance listed under Merchant responsibilities.
- First line maintenance to include: cleaning and simple programming procedures, receipt paper loading, paper jam clearing.
- Hold Harmless: To the fullest extent permitted by law, FNBT shall indemnify hold harmless Merchant, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of FNBT and other persons employed or utilized by FNBT in the performance of this agreement.

Merchant:

- Provide high visibility location
- Give access to FNBT service personnel.

6. Merchant Agrees:

- a. To not allow any other ATM cash dispensing or receipt dispensing equipment to be installed at merchants business location

CONTRACT: CONFERENCE CENTER
ATM
CONTRACT NO.: C03-0923-TDI-47
FIRST NATIONAL BANK & TRUST
EXPIRES: INDEFINITE

- b. Provide phone line and electricity within 3 feet of ATM.
 - c. To maintain space around machine in a clean, safe, orderly fashion
 - d. To complete a Federal Request for Taxpayer Identification Number and Certification (W-9) and return to FNBT prior to receipt of any revenue sharing
 - e. That the machine is bolted to the floor and will not hold FNBT responsible for damage to the floor, surface, or carpet.
 - f. That the machine placed with the Merchant is the sole and exclusive property of FNBT
 - g. To waive claim and hold harmless FNBT for any and all loss of commission, loss of income, or other damages due to the reasonable termination of this agreement between FNBT and Merchant.
 - h. That no representation regarding projected or potential income or expenses has been made by either FNBT or its representatives.
 - i. To permit FNBT to place signage as permitted by local ordinance.
7. Compensation:

- a. FNBT shall receive all revenue generated by the terminal through processing of transactions or otherwise.
- b. Upon installation of the ATM system, Merchant shall receive \$.50 for each transaction.
- c. Merchant expressly acknowledges that not all card issuers allow convenience fees or their instruments and that the total number of transactions may therefore be greater than the number of qualifying transactions with convenience fees.
- d. Revenue sharing payments shall be mailed by U.S. Postal Service to Merchant by the last day of the month succeeding that in which fees were generated unless delayed by journal reconciliation or circumstances beyond the immediate control of FNBT (i.e., revenue generated by transactions processed in July will be paid by August 31st.)

8. Scope of Relationship

Both parties agree that this agreement is in no way intended to create a partnership, nor shall this agreement be construed as a partnership.

This Agreement is governed by the laws of the State of Florida. Jurisdiction and venue for any claim or clause of action between the parties under this Agreement shall be in Okaloosa County.

IN WITNESS WHEREOF, each of the parties, by its representatives, has executed this Agreement as of the Effective Date.

First National Bank & Trust

Signature: T.H. Litgow
 Name: T. H. Litgow
 Title: SVP
 Date: 4/21/03

OKALOOSA COUNTY, FL

Signature: [Signature]
 Name: RICHARD BRANNON
 Title: PURCHASING DIRECTOR
 Date: 4/21/2003

ATM



- Have you ever lost a sale because a customer didn't have cash?
- Do you think you could sell more merchandise or get a higher per ticket charge if your customers had access to instant cash?
- Would you like to earn money on transactions instead of paying a fee?

If You Answered "Yes" To Any Of These Questions, You Should Say "Yes" To An ATM

FNBT provides:

- 1. The ATM Machine and associated software**
- 2. Installation**
- 3. Customer Support**
- 4. Maintains required cash level in each machine**
- 5. Signage advertising your ATM**
- 6. ATM machine repairs and maintenance**

Merchant provides:

- 1. A high visibility location**
- 2. A standard phone line**
- 3. A 110 volt power outlet**
- 4. Keep signage visible, unblocked by other signs or items**

Dimensions

Height	72 inches
Width	17.3 inches
Depth	17.3 inches
Weight	135 pounds

FIRST NATIONAL BANK & TRUST
29 NORTH EGLIN PKWY
FORT WALTON BEACH, FL 32548
598-3044 OR 796-2212
email: VeronicaH@fnbt.com