



				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
--	--	--	--	------	---	-----	-----	------------------	-----------------	-------	----------------------------	--	--	--	--

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BARRON THOMAS A PO BOX 900 TALLAHASSEE, FL 32302	X		Treasurer	

## Signatures

Thomas A. Barron		10/26/2009
--Signature of Reporting Person		Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
  - \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Mr. Barron acquired 358.356 shares in his 401(k) Plan which is not an a reportable event / transaction.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.