#### FURST JEFFREY S

Form 4

November 15, 2004

| FORI<br>Check   | Check this box  Compared to the compared to th |                                 |  |   |                      |               |                  |   | OMB AP OMB Number: Expires:   | PROVAL<br>3235-0287<br>January 31,                                |  |  |
|---|--|---------------------------------|--|---|----------------------|---------------|------------------|---|---|---|--|--|
| See Ins<br>1(b).  | to STATE 1 16. 4 or 5 Filed pu 1 ions Section 17 5 struction   | arsuant to Sec<br>(a) of the Pu | ction 16(<br>ıblic Util                | SECU<br>a) of<br>ity Ho   | IRITIES the Securiti | es Ex<br>pany | change<br>Act of | e Act of 1934,<br>1935 or Section   | Estimated a burden hour response  | •   |  |  |
| (Print or Type  | e Responses)   |                                 |  |   |                      |               |                  |   |   |   |  |  |
|   |  |                                 | Symbol Iss<br>SEACOAST BANKING CORP OF |   |                      |               |                  | Issuer  | Relationship of Reporting Person(s) to suer  (Check all applicable)   |   |  |  |
| (Last)  |  |                                 |  | FLORIDA [SBCF]  3. Date of Earliest Transaction   |                      |               |                  |   | ector 10% Owner   |   |  |  |
| (Month/Day/Year)  C/O SEACOAST BANKING CORP. 11/15/2004  OF FLORIDA, 815 COLORADO  AVE., P. O. BOX 9012 |  |                                 |  |   |                      |               |                  |   |   |   |  |  |
| Filed(  |  |                                 |  | iled(Month/Day/Year) App<br>_X_   |                      |               |                  | Applicable Line) _X_ Form filed by 0  | Individual or Joint/Group Filing(Check plicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting |   |  |  |
|   | , FL 34995   | (7:n)                           |  |   |                      |               |                  | Person  |   |   |  |  |
| (City)  | (State)  | (Zip)                           |  | - Non   |                      |               | _                | uired, Disposed of  |   |   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)  |                                 |  | 3. 4. Securities Acquired (A) of TransactionDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price |                      |               |                  | Securities Beneficially Owned Following Reported Transaction( (Instr. 3 and | Ownership Form: Direct (D) or Indirect (I) s) (Instr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Common<br>Stock   | 11/15/2004   |                                 | A                                      | ١   | 140.6691             | A             | \$<br>23.56      | 612.0944  | D (1)   |   |  |  |
| Common<br>Stock   |  |                                 |  |   |                      |               |                  | 19,865  | D   |   |  |  |
| Common<br>Stock   |  |                                 |  |   |                      |               |                  | 20,027  | D (2)   |   |  |  |
| Common<br>Stock   |  |                                 |  |   |                      |               |                  | 93,670  | D (3)   |   |  |  |
|   |  |                                 |  |   |                      |               |                  | 660   | D (4)   |   |  |  |

Common Stock

Common Stock 21,281 I Held by Spouse

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | <b>.</b>            | ate                | Amor<br>Unde<br>Secur | rlying                                 | 8. Price of Derivative Security (Instr. 5) |
|---|---|--------------------------------------|---|---------------------------------------|--|---------------------|--------------------|-----------------------|--|--|
|   |   |                                      |   | Code V                                | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares |  |

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# **Reporting Owners**

| Reporting Owner Name / Address        |          | Kelationships |         |       |  |  |  |
|---------------------------------------|----------|---------------|---------|-------|--|--|--|
| copyrous o mac rame same              | Director | 10% Owner     | Officer | Other |  |  |  |
| FURST JEFFREY S                       |          |               |         |       |  |  |  |
| C/O SEACOAST BANKING CORP. OF FLORIDA | X        |               |         |       |  |  |  |
| 815 COLORADO AVE., P. O. BOX 9012     | 21       |               |         |       |  |  |  |
| STUART, FL 34995                      |          |               |         |       |  |  |  |

### **Signatures**

Sharon Mehl as Power of Attorney for Jeffrey S.
Furst

11/15/2004

\*\*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) Held in Seacoast Banking Corporation of Florida's Non-Employee Directors Deferred Compensation Plan

Reporting Owners 2

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- (2) Held in IRA
- (3) Held jointly with spouse
- (4) Held jointly with mother

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.