

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 009604

FILED
Sep 30, 2011
Secretary of State

Entity Name: CITIZENS BANK AND TRUST

Current Principal Place of Business:

2 EAST WALL ST
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3400
LAKE WALES, FL 33859 US

New Mailing Address:

FEI Number: 59-0193780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLETON, GREGORY A
222 STATE RD. 60 EAST
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY A LITTLETON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LITTLETON, GREGORY A
Address: 275 LAKE LINK RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: CD
Name: WILSON, LATIMER T
Address: 200 AIRPORT ROAD
City-St-Zip: FROSTPROOF, FL 33843

Title: EVD
Name: STANGRY, JOSEPH T
Address: P O BOX 1686
City-St-Zip: HAINES CITY, FL 33845

Title: D
Name: WILSON, CLAYTON G
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 338590832

Title: D
Name: WILSON, PATRICIA
Address: 2028 TUILERIES COVE
City-St-Zip: BILOXI, MS 39531

Title: SV
Name: BROWN, TIM E
Address: 222 STATE ROAD 60 EAST
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIM E BROWN

SV

09/30/2011

Electronic Signature of Signing Officer or Director

Date