

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 013003 (9)

1. Corporation Name

CITIZENS BANK OF MACCLENNY, FLORIDA



Principal Place of Business

Mailing Address

P O BOX 545
32 FIFTH STREET NORTH
MACCLENNY FL 32063

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32 FIFTH STREET NORTH
MACCLENNY FL 32063

3. Date Incorporated or Qualified
12/01/1923

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-0193810

Applied For
Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, JOHN D.
32 NORTH 5TH STREET
MACCLENNY FL 32063

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

Sign in ink, type 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	V	<input type="checkbox"/> DELETE
NAME	BATES, RUTH	
STREET ADDRESS	2262 FOXWOOD DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	AVS	<input checked="" type="checkbox"/> DELETE
NAME	HURST, JEAN L	
STREET ADDRESS	368 S 5TH ST	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	DAVP	<input type="checkbox"/> DELETE
NAME	SIGERS, L. WENDELL	
STREET ADDRESS	RT 2 BOX 712-1	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	SIGERS, LARRY R.	
STREET ADDRESS	RT 2 BOX 678 HWY 23-D	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KENNEDY, JOHN D.	
STREET ADDRESS	US 121 NORTH	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KILGO, ALLEN	
STREET ADDRESS	6 WELLS ROAD	
CITY-ST-ZIP	MACCLENNY FL	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	T. W. Thornton	
13 STREET ADDRESS	1411 Ponte Vedra Blvd.	
14 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Mary K. Thornton	
23 STREET ADDRESS	1411 Ponte Vedra Blvd.	
24 CITY-ST-ZIP	Ponte Vedra Beach, FL 32083	
31 TITLE	D/AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	W. Cherill Mobley	
33 STREET ADDRESS	Hwy. 23A North	
34 CITY-ST-ZIP	Macclenny, FL 32063	
41 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	R. E. Knabb	
43 STREET ADDRESS	3707 Ortega Blvd.	
44 CITY-ST-ZIP	Jacksonville, FL 32210	
51 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Todd L. Knabb	
53 STREET ADDRESS	7770 Burma Road	
54 CITY-ST-ZIP	Jacksonville, FL 32221	
61 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Wallace R. Smith, Jr.	
63 STREET ADDRESS	Hwy. 125 North	
64 CITY-ST-ZIP	Glen St. Mary, FL 32040	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John D. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Kennedy

Date

1-18-96 (904)259-3116

Daytime Phone #

CR2E034 (12/95)