

**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

P O BOX 545  
32 FIFTH STREET NORTH  
MACCLENNY FL 32063

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/01/1923</b>  | 3a. Date of Last Report<br><b>05/01/1995</b> |
| 4. FEI Number<br><b>59-0193810</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign in ink, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BATES, RUTH<br>2262 FOXWOOD DR<br>ORANGE PARK FL <input type="checkbox"/> DELETE            | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | D<br>T. W. Thornton<br>1411 Ponte Vedra Blvd.<br>Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AVS<br>HURST, JEAN L<br>368 S 5TH ST<br>MACCLENNY FL <input checked="" type="checkbox"/> DELETE  | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | D<br>Mary K. Thornton<br>1411 Ponte Vedra Blvd.<br>Ponte Vedra Beach, FL 32083 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DAVP<br>SIGERS, L. WENDELL<br>RT 2 BOX 712-1<br>MACCLENNY FL <input type="checkbox"/> DELETE     | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | D/AV<br>W. Cherill Mobley<br>Hwy. 23A North<br>Macclenny, FL 32063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVC<br>SIGERS, LARRY R.<br>RT 2 BOX 678 HWY 23-D<br>MACCLENNY FL <input type="checkbox"/> DELETE | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | D/C<br>R. E. Knabb<br>3707 Ortega Blvd.<br>Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>KENNEDY, JOHN D.<br>US 121 NORTH<br>MACCLENNY FL <input type="checkbox"/> DELETE           | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | VP<br>Todd L. Knabb<br>7770 Burma Road<br>Jacksonville, FL 32221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KILGO, ALLEN<br>6 WELLS ROAD<br>MACCLENNY FL <input type="checkbox"/> DELETE               | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | VP<br>Wallace R. Smith, Jr.<br>Hwy. 125 North<br>Glen St. Mary, FL 32040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Kennedy

1-18-96 (904)259-3116

Date

Daytime Phone #

CR2E034 (12/95)