

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90416 007 ***150.00

DOCUMENT # 124146

1. Entity Name

J.C. VEREEN & SONS, INC.



Principal Place of Business

PRIVATE CLIENT SERVICES
210 SECURITY SQUARE
WINTER HAVEN FL 33880

Mailing Address

210 SECURITY SQUARE
ATTN: PRIVATE CLIENT SERVICES
WINTER HAVEN FL 33880

94063666



MOORE

CR2E034 (11/03)

2. Principal Place of Business

250 Magnolia Ave., SW

3. Mailing Address

250 Magnolia Avenue SW

Suite, Apt. #, etc.

Attn: Trust Department

Suite, Apt. #, etc.

Attn: Trust Dept.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-0493755

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUN TRUST BANK, MID-FLORIDA, N.A.
PRIVATE CLIENT SERVICES
210 SECURITY SQUARE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name Citrus-and Chemical Bank

Street Address (P.O. Box Number is Not Acceptable)

Attn: Trust Department

250 Magnolia Avenue, SW

City Winter Haven

FL

Zip Code
33880

8. 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. I am familiar with, and accept the obligations of registered agent.

Citrus and Chemical Bank

SIGNATURE

[Signature]

Signature of principal officer or director, officer or director, or registered agent (Signature required when reinstating)

Vice President

4/23/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME ANDREWS, JESSIE LOUISE
STREET ADDRESS 253 EAST MAIN STREET
CITY-ST-ZIP ELKTON MD 21921 ☒ Delete

TITLE S
NAME DENNIS, VEREEN
STREET ADDRESS 2 SOUTH BOURNE COURT
CITY-ST-ZIP GREENVILLE SC 29607 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME Vereen, Dennis
STREET ADDRESS 2 Southbourne Court
CITY-ST-ZIP Greenville, SC 29607 ☒ Change ☐ Addition

TITLE VP
NAME Wendy Dowden
STREET ADDRESS 119 Hawkins Island Circle
CITY-ST-ZIP St. Simons Island, GA 31522 ☐ Change ☒ Addition

TITLE VP
NAME Kathryn L. Bergquist
STREET ADDRESS 682 95th Avenue, N
CITY-ST-ZIP Naples, FL 34108-2455 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vereen A. Dennis* Vereen A. Dennis 4/15/04 (864)277-3536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #