

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 209089 (2)

1. Corporation Name

THE CITIZENS BANK OF PERRY



Principal Place of Business

100 N ORANGE ST  
P O BOX 1247  
PERRY FL 32347-2741

Mailing Address

100 N ORANGE ST  
P O BOX 1247  
PERRY FL 32347-2741

2. Principal Place of Business	2a. Mailing Address
21. State, Apt #, et	26. State, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1958	02/17/1995
4. FEI Number	Applied For
59-0828474	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
10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent

DICKERT, JERRY D  
100 N. ORANGE ST.  
PERRY FL 32347-2741

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 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
I, \_\_\_\_\_, Secretary of State, certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C WILDE, THOMAS WAKEFIE	1. TITLE	VP
NAME	295 E PALMER MILL RD	2. NAME	Wilde, Thomas Wakefield
STREET ADDRESS	MINTOCELLO FL	3. STREET ADDRESS	295 E. Palmer Mill Rd
CITY, ST, ZIP		4. CITY, ST, ZIP	Monticello, FL
TITLE	C WILDE, THOMAS WAKEFIE	2.1 TITLE	P/D
NAME	3839 NOKOMIA POINT	2.2 NAME	Brooks, Roger
STREET ADDRESS	CRYSTAL RIVER FL	2.3 STREET ADDRESS	105 Worley Way
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Perry, FL
TITLE	SVP WISE, SUSAN	5.1 TITLE	VP
NAME	PO BOX 87 N/A	5.2 NAME	Brooks, Marvin K
STREET ADDRESS	LAMONT FL	5.3 STREET ADDRESS	309 Glenridge Rd
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Perry, FL
TITLE	D HICKS, MARSHALL	4.1 TITLE	D
NAME	400 E ASH STREET	4.2 NAME	Mitchell, Henry Fred
STREET ADDRESS	PERRY FL	4.3 STREET ADDRESS	PO BOX 320
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Steinhatchee, FL 32359
TITLE	CBD DICKERT, JERRY	5.1 TITLE	D
NAME	417 PLANTATION RD.	5.2 NAME	Dickert, Paul W
STREET ADDRESS	PERRY FL	5.3 STREET ADDRESS	1509 S. Byron Butler Pkwy.
CITY, ST, ZIP		5.4 CITY, ST, ZIP	Perry, FL 32347
TITLE	D VEAL, RAYMOND	6.1 TITLE	D
NAME	103 PINETREE ROAD	6.2 NAME	Dickert, Mark R
STREET ADDRESS	PERRY FL	6.3 STREET ADDRESS	1509 S. Byron Butler Pkwy
CITY, ST, ZIP		6.4 CITY, ST, ZIP	Perry, FL 32347

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, (1) or (2), or in an attached list with an address.

SIGNATURE: *[Signature]* President February 23, 1996 (904) 584-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)