

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

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	01/15/1958		02/17/1995
4.	FET Number		Applied For
	59-0828474		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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
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, hereby 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	TITLE	VP
NAME	WILDE, THOMAS WAKEFIE	12 NAME	Wilde, Thomas Wakefield
STREET ADDRESS	295 E PALMER MILL RD	13 STREET ADDRESS	295 E. Palmer Mill Rd
CITY, ST, ZIP	MINTOCELLO FL	14 CITY, ST, ZIP	Monticello, FL
TITLE	C WILDE, THOMAS WAKEFIE	21 TITLE	P/D
NAME	WILDE, THOMAS WAKEFIE	22 NAME	Brooks, Roger
STREET ADDRESS	3839 NOKOMIA POINT	23 STREET ADDRESS	105 Worley Way
CITY, ST, ZIP	CRYSTAL RIVER FL	24 CITY, ST, ZIP	Perry, FL
TITLE	SVP WISE, SUSAN	51 TITLE	VP
NAME	WISE, SUSAN	52 NAME	Brooks, Marvin K
STREET ADDRESS	PO BOX 87 N/A	53 STREET ADDRESS	309 Glenridge Rd
CITY, ST, ZIP	LAMONT FL	54 CITY, ST, ZIP	Perry, FL
TITLE	D HICKS, MARSHALL	41 TITLE	D
NAME	HICKS, MARSHALL	42 NAME	Mitchell, Henry Fred
STREET ADDRESS	400 E ASH STREET	43 STREET ADDRESS	PO BOX 320
CITY, ST, ZIP	PERRY FL	44 CITY, ST, ZIP	Steinhatchee, FL 32359
TITLE	CBD DICKERT, JERRY	51 TITLE	D
NAME	DICKERT, JERRY	52 NAME	Dickert, Paul W
STREET ADDRESS	417 PLANTATION RD.	53 STREET ADDRESS	1509 S. Byron Butler Pkwy.
CITY, ST, ZIP	PERRY FL	54 CITY, ST, ZIP	Perry, FL 32347
TITLE	D VEAL, RAYMOND	61 TITLE	D
NAME	VEAL, RAYMOND	62 NAME	Dickert, Mark R
STREET ADDRESS	103 PINETREE ROAD	63 STREET ADDRESS	1509 S. Byron Butler Pkwy
CITY, ST, ZIP	PERRY FL	64 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)