

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 209089 (2)**  
 1. Corporation Name  
**THE CITIZENS BANK OF PERRY**



Principal Place of Business Mailing Address  
**100 N ORANGE ST** **100 N ORANGE ST**  
**P O BOX 1247** **P O BOX 1247**  
**PERRY FL 32347-2741** **PERRY FL 32347-2741**

3. Date Incorporated or Qualified **01/15/1958** 3a. Date of Last Report **02/28/1996**  
 4. FEI Number **59-0828474** 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

2. Principal Place of Business 2a. Mailing Address  
 21 **100 N. Orange St.** 26 **P.O. Box 1247**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
**Perry, FL** **Perry, FL**  
 24 Zip 25 Country 29 Zip 30 Country  
**32347** **Taylor** **32348** **Taylor**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**DICKERT, JERRY D** 81 Name  
**100 N. ORANGE ST.** 82 Street Address (P.O. Box Number is Not Acceptable)  
**PERRY FL 32347-2741** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILDE, THOMAS W	1.2 NAME	PAUL DICKERT
STREET ADDRESS	295 E PALMER MILL RD	1.3 STREET ADDRESS	100 N ORANGE ST
CITY-ST-ZIP	MONTECELLO FL	1.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ROGER	2.2 NAME	MARK DICKERT
STREET ADDRESS	105 WORLEY WAY	2.3 STREET ADDRESS	100 N ORANGE ST
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, MARVIN K	3.2 NAME	FRED MITCHELL, SR
STREET ADDRESS	309 GLENRIDGE RD	3.3 STREET ADDRESS	100 N ORANGE ST
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, MARSHALL	4.2 NAME	JAMES E MOODY
STREET ADDRESS	400 E ASH STREET	4.3 STREET ADDRESS	100 N ORANGE ST
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	CBD <input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERT, JERRY	5.2 NAME	RANDY HERNDON
STREET ADDRESS	417 PLANTATION RD.	5.3 STREET ADDRESS	100 N ORANGE ST
CITY-ST-ZIP	PERRY FL	5.4 CITY-ST-ZIP	PERRY, FL 32347
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEAL, RAYMOND	6.2 NAME	JENNIFER CRUCE
STREET ADDRESS	103 PINETREE ROAD	6.3 STREET ADDRESS	100 N ORANGE ST
CITY-ST-ZIP	PERRY FL	6.4 CITY-ST-ZIP	PERRY, FL 32347

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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]* **ROBERT BROOKS, President/CEO** 3-26-97 904/584-4411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)