

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90079 047 ***150.00

DOCUMENT # 209089

1. Entity Name

THE CITIZENS BANK OF PERRY

Principal Place of Business

Mailing Address

100 N. ORANGE ST.
 PERRY FL 32347
 US

P.O BOX 1247
 PERRY FLA 32348-1247
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0828474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VP WILDE, THOMAS W**
 STREET ADDRESS **295 E PALMER MILL RD**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE Change Addition
 NAME **Vice President Randy Herndon**
 STREET ADDRESS **302 Dogwood Way**
 CITY-ST-ZIP **Perry, Florida 32347**

TITLE Delete
 NAME **PD BROOKS, ROGER**
 STREET ADDRESS **105 WORLEY WAY**
 CITY-ST-ZIP **PERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP- BROOKS, MARVIN K**
 STREET ADDRESS **309 GLENRIDGE RD**
 CITY-ST-ZIP **PERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HICKS, MARSHALL**
 STREET ADDRESS **400 E ASH STREET**
 CITY-ST-ZIP **PERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CBD DICKERT, JERRY**
 STREET ADDRESS **417 PLANTATION RD.**
 CITY-ST-ZIP **PERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP CRUCE, JENNIFER**
 STREET ADDRESS **100 N. ORANGE ST.**
 CITY-ST-ZIP **PERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Wakefield Wilde
Thomas Wakefield Wilde
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00

Date

850-584-4411

Daytime Phone #

CF 034 (03/01)