

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 620564 (5)

1. Corporation Name

CITIZENS FINANCIAL SERVICES, INC.



Principal Place of Business

% CORPORATE ACCOUNTING  
1100 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309

Mailing Address

% CORPORATE ACCOUNTING  
1100 W. MCNAB ROAD  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Attn Madeline Domino

Suite, Apt. #, etc.

27 400 N. Ashley Dr.

City & State

28 Tampa, FL

29 Zip

33602-1234

Country

30

3. Date Incorporated or Qualified

05/07/1979

3a. Date of Last Report

03/31/1995

4. FEI Number

59-1956188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMNER, ALFRED R.  
1221 BRICKELL AVENUE (25TH FLOOR)  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE  
NAME STUZIN, CHARLES B  
STREET ADDRESS 1221 BRICKELL AV 16TH FL  
CITY-ST-ZIP MIAMI, FL 00000

TITLE DV ☒ DELETE  
NAME CHRISTENSEN, THOMAS A.  
STREET ADDRESS 1100 W. MCNAB RD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DP ☒ DELETE  
NAME TRILLING, MORTON  
STREET ADDRESS 1100 W. MCNAB ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DVT ☒ DELETE  
NAME HOLTHAUS, DENNIS B.  
STREET ADDRESS 1100 W. MCNAB RD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V ☒ DELETE  
NAME PURDY, RICHARD H.  
STREET ADDRESS 1100 W. MCNAB RD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition  
1.2 NAME Sink, Adelaide A.  
1.3 STREET ADDRESS 400 N Ashley Dr  
1.4 CITY-ST-ZIP Tampa, FL 33602- 4300

2.1 TITLE D/V ☐ Change ☒ Addition  
2.2 NAME Mallard, Larry W.  
2.3 STREET ADDRESS 400 N Ashley Dr  
2.4 CITY-ST-ZIP Tampa, FL 33602-4300

3.1 TITLE D/V ☐ Change ☒ Addition  
3.2 NAME Lowman, Rita J.  
3.3 STREET ADDRESS 100 N Tampa St  
3.4 CITY-ST-ZIP Tampa, FL 33602-5126

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME Bailey, James T.  
4.3 STREET ADDRESS 1100 W. McNab Rd  
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Mulcahy, Michael J.  
5.3 STREET ADDRESS 600 Peachtree St NE  
5.4 CITY-ST-ZIP Atlanta, GA 30308-2214

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME Newman, Susan Mays  
6.3 STREET ADDRESS 101 S Tryon St  
6.4 CITY-ST-ZIP Charlotte, NC 28255-0001

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Bailey Sr. V.P.

Date

1996

Daytime Phone #

(954) 979-6600

CR2E034 (12/95)