CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND RECEIVED FILED
95 MAY -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F46795 (3)

1. Corporation Name
CITIZENS BANCORPORATION INC.

Mailing Address
C/O JOHN W MANOR
4425 LAFAYETTE ST. P.O. BOX 550
MARIANNA FL 32446

Principal Place of Business
C/O JOHN W MANOR
4425 LAFAYETTE ST. P.O. BOX 550
MARIANNA FL 32447-0550

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/01/1981
3a. Date of Last Report: 04/12/1994

4. FEI Number: 59-2132467 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

MANOR, JOHN W
4425 LAFAYETTE STREET
MARIANNA FL 32446

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE	P/D
12 NAME	MANOR, JOHN W
13 STREET ADDRESS	4425 LAFAYETTE STREET
14 CITY-ST-ZIP	MARIANNA FL
21 TITLE	V/S/T
22 NAME	MOSELEY, LINDA C
23 STREET ADDRESS	4425 LAFAYETTE STREET
24 CITY-ST-ZIP	MARIANNA FL
31 TITLE	D
32 NAME	MILLER, J L
33 STREET ADDRESS	WATSON DRIVE
34 CITY-ST-ZIP	MARIANNA FL
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	D
52 NAME	REDDOCH W. B.
53 STREET ADDRESS	4874 ARROWHEAD DRIVE
54 CITY ST ZIP	MARIANNA FL
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	200001480692
22 NAME	-05/03/95 -01085 --002
23 STREET ADDRESS	****200.00 ****200.00
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W Manor 4/25/95 904 526-2100
(Type or Print Name and Title of Signing Officer or Director) (Date) (Daytime Phone #)