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

FILED Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (3)F46795 CITIZENS BANCORPORATION, INC. Mailing Address Principal Place of Business C/O JOHN W MANOR C/O JOHN W MANOR 4425 LAFAYETTE ST. P.O. BOX 550 4425 LAFAYETTE ST. P.O. BOX 550 DO NOT WRITE IN THIS SPACE MARIANNA FL 32446 MARIANNA FL 32446 3. Date Incorporated or Qualified 10/01/198<u>1</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For Not Applicable 59-2132467 21 26 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing \_ Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $Z_{ID}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANOR, JOHN W 4425 LAFAYETTE STREET Street Address (P.O. Box Number is Not Acceptable) 82 MARIANNA FL 32446 83 Zip Code City 85 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 rainstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition □ DELETE 1.1 TITLE Change TITLE MANOR, JOHN W 12 NAME NAME 4425 LAFAYETTE STREET 1.3 STREET ADDRESS STREET ADDRESS MARIANNA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE MOSELEY, LINDA C 2.2 NAME NAMÉ 4425 LAFAYETTE STREET 2.3 STREET ADDRESS STREET ADDRESS MARIANNA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE MILLER, J L 3.2 NAME NAME WATSON DRIVE 3.3 STREET ADDRESS STREET ADDRESS MARIANNA FL 3.4. CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE REDDOCH, W. B. 4. 2 NAME NAME 4874 ARROWHEAD DRIVE 4.3 STREET ADDRESS STREET ADDRESS MARIANNA FL 4.4 CITY-ST-ZIP CITY+ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

14. Thereby 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 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 this 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 Oxanged in an attribute minimum and address. 3-20-98