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Feb 16, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005477

1. Corporation Name

CITIZENS BANC LEASING, INC.

Principal Place of Business

PO BOX 16468
LOUISVILLE KY 40256-0368

Mailing Address

PO BOX 16468
LOUISVILLE KY 40256-0368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

61-1305389

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME NESTRICK, DWIGHT
STREET ADDRESS 208 N MAIN ST
CITY-ST-ZIP HENDERSON KY

☐ DELETE

TITLE PD
NAME OZBUN, DAVID M
STREET ADDRESS 4040 DIXIE HWY
CITY-ST-ZIP LOUISVILLE KY 40216

☐ DELETE

TITLE VD
NAME SULLIVAN, PATRICK
STREET ADDRESS 960 BRECKINRIDGE LANE
CITY-ST-ZIP LOUISVILLE KY 40207

☐ DELETE

TITLE SD
NAME SPRUILL, JOHN R
STREET ADDRESS 20 NW 3RD ST
CITY-ST-ZIP EVANSVILLE IN

☐ DELETE

TITLE T
NAME ALLEY, RALPH
STREET ADDRESS 20 NW THIRD ST
CITY-ST-ZIP EVANSVILLE IN 47739

☐ DELETE

TITLE D
NAME VIAR, DAVID
STREET ADDRESS 20 NW 3RD ST
CITY-ST-ZIP EVANSVILLE IN

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

RALPH L. ALLEY, TREAS

1/20/99 (812) 452-3583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)