

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 PM 3:34

DOCUMENT # **G09182** (8)

1. Corporation Name  
**CIT-BANCSHARES, INC.**

Principal Place of Business Mailing Address  
~~1211 NORTH BLVD WEST~~ P O BOX 480047  
1211 NORTH BLVD WEST 1211 NORTH BLVD WEST  
LEESBURG FL 34748 LEESBURG FL 34749-047  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/19/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2298308</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MULLIS, KEN W</b> <b>1211 NORTH BLVD WEST</b> <b>LEESBURG FL 34748</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIDGES, CLIFTON, L</b>	1.2 NAME	
STREET ADDRESS	<b>6525 SUNNYSIDE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIZZARD, THOMAS N.</b>	2.2 NAME	
STREET ADDRESS	<b>910 BELLE OAK</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>416 BROOKS LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DC</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYSON, HUGH, A</b>	4.2 NAME	<b>PLEASE DELETE - MR. BRYSON HAS RETIRED FROM THE BOARD</b>
STREET ADDRESS	<b>1077 ISLAND WAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLIS, KENNETH</b>	5.2 NAME	
STREET ADDRESS	<b>34215 PARK LANE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>DS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, BOBBY, A</b>	6.2 NAME	
STREET ADDRESS	<b>2510 N. GRIFFIN DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEESBURG FL</b>	6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobby A. Sullivan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bobby A. Sullivan, Secretary**

April 10, 1995 (904) 787-5111

G09182

DIRECTORS CONTINUED

D	Frank S. Bouis	27101 S. Hwy. 441	Leesburg, FL
D	Douglas W. Braun	6575 S. Synnyside Dr.	Leesburg, FL
D	William F. Herlong, Jr.	1010 Shore Acres Dr.	Leesburg, FL
D	Wendell F. Husebo	9481 Silver Lake Dr.	Leesburg, FL
D	Walter S. McLin, III	5415 Banana Point Dr.	Okahumpka, FL
D	Linda S. Spradlin	1304 Spring Lake Rd.	Fruitland Park, FL
D	Ferrell D. Young	2331 E. Hilltop St.	Fruitland Park, FL