

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G09182 (8)**

1. Corporation Name
CITIBANCSHARES, INC.



Principal Place of Business
**XXXXXX BRYSOM
1211 NORTH BLVD WEST
LEESBURG FL 34748**

Mailing Address
**P O BOX 490047
1211 NORTH BLVD WEST
LEESBURG FL 34749-047
US**

3. Date Incorporated or Qualified **11/19/1982** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2298308** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MULLIS, KEN W
1211 NORTH BLVD WEST
LEESBURG FL 34748**

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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BRIDGES, CLIFTON, L	
STREET ADDRESS	6525 SUNNYSIDE DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIZZARD, THOMAS N.	
STREET ADDRESS	910 BELLE OAK	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, THOMAS	
STREET ADDRESS	416 BROOKS LANE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MULLIS, KENNETH	
STREET ADDRESS	34215 PARK LANE	
CITY - ST - ZIP	LEESBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, BOBBY, A	
STREET ADDRESS	2510 N. GRIFFIN DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	Mr. Sullivan is no longer Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T. Michael Killingsworth
6.3 STREET ADDRESS	122 North 7th Street
6.4 CITY - ST - ZIP	Leesburg, FL 34748

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: *T. Michael Killingsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. Michael Killingsworth, Secretary

April 24, 1996 (352) 787-5111

CR2E034 (12/95)

DIRECTORS CONTINUED

D	Douglas W. Braun	6575 S. Sunnyside 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