FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -8 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G28682 (4)

1. Corporation Name
CRYSTAL RIVER BANK

Principal Place of Business	Mailing Address
P.O.BOX 607 865 NE HIGHWAY 19 CRYSTAL RIVER FL 32629	P.O.BOX 607 865 NE HIGHWAY 19 CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1983
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0706995 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/~~DELETIONS~~ TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chairman of Board	☐ Change ☒ Addition
NAME	HAGAR, MARGARET A.	1.2 NAME	George H. Brannen, II	
STREET ADDRESS	808 ZEPHR ST	1.3 STREET ADDRESS	3300 S. Pleasant Grove Rd	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, Fl 34451	
TITLE	D	2.1 TITLE	Vice Chairman of Board	☐ Change ☒ Addition
NAME	LEWIS, VINEL S.	2.2 NAME	Joseph S. Brannen	
STREET ADDRESS	454 N.W.8TH AVE.	2.3 STREET ADDRESS	~~P.O. Box 1929~~ 8394 E. Gulf to Lake Hwy	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	Inverness, Fl 34451	
TITLE	D	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	SABOURIN, EDMUND E.	3.2 NAME	L.C. Coburn	
STREET ADDRESS	220 N.E. 11TH ST.	3.3 STREET ADDRESS	2110 NW 14th St.	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	Crystal River, Fl 34428-5006	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	DUMAS, BROWN, JR.	4.2 NAME		
STREET ADDRESS	291 S GARDENIA TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ATWOOD, DAN	5.2 NAME		
STREET ADDRESS	726 SW KINGS BAY DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: _____ 1-24-95 904-795-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brown Dumas, Jr., President

0381032 CP