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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G28682

(4)

1. Corporation Name
CRYSTAL RIVER BANK

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

Mailing Address
P.O. BOX 607
865 NE HIGHWAY 19
CRYSTAL RIVER FL 34429-4161



3. Date Incorporated or Qualified
03/16/1983

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Brown Dumas, Jr.
P. O. Box 607
Crystal River, FL 34423-0607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
291 South Gardenia Terrace

83

84 City
Crystal River

FL 85 Zip Code
34429

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HAGAR, MARGARET A.
808 ZEPHR ST
INVERNESS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
LEWIS, VINEL S.
454 N.W. 8TH AVE.
CRYSTAL RIVER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SABOURIN, EDMUND E.
220 N.E. 11TH ST.
CRYSTAL RIVER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
DUMAS, BROWN, JR.
291 S GARDENIA TERR
CRYSTAL RIVER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ATWOOD, DAN
726 SW KINGS BAY DRIVE
CRYSTAL RIVER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
COB
BRANNEN, GEORGE H II
3300 S. PLEASANT GROVE ROAD
INVERNESS FL 34451

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97

Date

352-795-3451

Daytime Phone #

0436670

CR2E034 (9/96)