


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 32620			Mailing Address P.O. BOX 607 865 NE HIGHWAY 19 CRYSTAL RIVER FL 32620		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/16/1983 4. FEI Number 59-0706995 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DUMAS, BROWN JR. 291 SOUTH GARDENIA TERRACE CRYSTAL RIVER FL 34429				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VCOB/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAGAR, MARGARET A.	1.2 NAME	Brannen, Joseph S.		
STREET ADDRESS	808 ZEPHR ST	1.3 STREET ADDRESS	8394 E Gulf to Lake Hwy		
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness FL 34450		
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, VINEL S.	2.2 NAME			
STREET ADDRESS	454 N.W. 8TH AVE.	2.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SABOURIN, EDMUND E.	3.2 NAME			
STREET ADDRESS	220 N.E. 11TH ST.	3.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	COB <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANNEN, GEORGE H II	6.2 NAME			
STREET ADDRESS	3300 S. PLEASANT GROVE ROAD	6.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34451	6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ **Brown Dumas, Jr. President January 8 1998 352-795-3451**

CR2E034 (10/97)