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Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90021 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G28682

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 32629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1983

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 865 NE Hwy 19

Suite, Apt. #, etc.

22 City & State

23 Crystal River, FL

Zip Country

24 34429 25 USA

2a. Mailing Address

26 PO Box 607

Suite, Apt. #, etc.

27 City & State

28 Crystal River, FL

Zip Country

29 34423 30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAGAR, MARGARET A.

STREET ADDRESS 808 ZEPHR ST

CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME VCOB BRANNEN, JOSEPH S

STREET ADDRESS 8394 E GULF TO LAKE HWY

CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ DELETE

NAME D SABOURIN, EDMUND E.

STREET ADDRESS 220 N.E. 11TH ST.

CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME PD DUMAS, BROWN, JR.

STREET ADDRESS 291 S GARDENIA TERR

CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☒ DELETE

NAME ATWOOD, DAN

STREET ADDRESS 726 SW KINGS BAY DRIVE

CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME COB BRANNEN, GEORGE H II

STREET ADDRESS 3300 S. PLEASANT GROVE ROAD

CITY-ST-ZIP INVERNESS FL 34451

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED  
Dumas, Jr.

January 5, 1999

352-795-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)