


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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J01263** (9)  
1. Corporation Name  
**CITIZENS BANK & TRUST**

Principal Place of Business <b>1150 CLEVELAND STREET CLEARWATER FL 34615 US</b>	Mailing Address <b>P. O. BOX 539 CLEARWATER FL 34617 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/21/1986</b>	
21		26		4. FEI Number <b>59-2537667</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip <b>33755</b>	25	Country	29	Zip <b>33757</b>
				30	Country

9. Name and Address of Current Registered Agent <b>STAFFORD, VICTORIA 1150 CLEVELAND STREET CLEARWATER FL 34615</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code <b>FL 33755</b>

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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLEY, C. DAVID, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>763 HARBOR ISLAND</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, DAVID P.</b>	2.2 NAME	
STREET ADDRESS	<b>2954 LANDMARK WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOMSTEIN, ALAN C.</b>	3.2 NAME	
STREET ADDRESS	<b>1015 VICTORIA DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUCHARD, ROGER O.</b>	4.2 NAME	
STREET ADDRESS	<b>1560 CHUKAR RIDGE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL 34615</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANKS, ROBERT J</b>	5.2 NAME	
STREET ADDRESS	<b>9912 WINDTREE BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGELHARDT, DANIEL</b>	6.2 NAME	
STREET ADDRESS	<b>1760 SANTA BARBARA DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	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)(l), 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: *Victoria A. Stafford* VICTORIA A. STAFFORD February 20, 1998 (813) 441-3447

CR2E034 (10/97)

**CITIZENS BANK & TRUST  
FLORIDA DEPARTMENT OF STATE  
1998 PROFIT CORPORATION ANNUAL REPORT**

**ITEM 12. OFFICERS AND DIRECTORS (CONTINUED)**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>Cantonis, James M.</b>
<b>ADDRESS</b>	<b>305 Orlando Road</b>
<b>CITY-ST-ZIP</b>	<b>Belleair, FL 34616</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>Hale, William E., M.D.</b>
<b>ADDRESS</b>	<b>2307 Jones Court</b>
<b>CITY-ST-ZIP</b>	<b>Dunedin, FL 34698</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>Pope, F. Wallace, Jr.</b>
<b>ADDRESS</b>	<b>911 Chestnut Street</b>
<b>CITY-ST-ZIP</b>	<b>Clearwater, FL 34615</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>Rogero, Albert L., Jr.</b>
<b>ADDRESS</b>	<b>1985 Sever Drive</b>
<b>CITY-ST-ZIP</b>	<b>Clearwater, FL 34624</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>Bernadino, Robert</b>
<b>ADDRESS</b>	<b>8548 12th Way N.</b>
<b>CITY-ST-ZIP</b>	<b>St. Petersburg, FL 33702</b>
<b>TITLE</b>	<b>O</b>
<b>NAME</b>	<b>Catalano, Walter</b>
<b>ADDRESS</b>	<b>433 Chicago Avenue</b>
<b>CITY-ST-ZIP</b>	<b>Dunedin, FL 34698</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>Downing, Rita</b>
<b>ADDRESS</b>	<b>3205 Wessex Way</b>
<b>CITY-ST-ZIP</b>	<b>Clearwater, FL 34621</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>Ellenor, Kim M.</b>
<b>ADDRESS</b>	<b>1580 Cumberland Court</b>
<b>CITY-ST-ZIP</b>	<b>Palm Harbor, FL 34683</b>

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Fejzull, Phyllis  
14 Eagle Lane  
Palm Harbor, FL 34683**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**SR. VP  
Gray, Gary S.  
171 Brightwater Drive, Apt. 4  
Clearwater, FL 33767**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**EVP  
Hall, S. Racine  
1810 Brentwood Drive  
Clearwater, FL 34624**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**V  
Jefferies, Stephen M.  
3012 Clubhouse Drive, W.  
Clearwater, FL 33761**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Jorge, Nancy  
4483 Plumosa Street  
Spring Hill, FL 34607**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Lagueux, June  
208 Nautilus Way  
Treasure Island, FL 33706**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
McAfee, Barbara  
632 Dexter  
Dunedin, FL 34698**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
McCormick, Kristine  
1361 Turner Street  
Clearwater, FL 33756**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Moses, Judy  
1848 Emory Drive  
Clearwater, FL 33765**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Repper, William  
3268 San Mateo Street  
Clearwater, FL 34619**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**V  
Schnur, Kelley J.  
3109 Glenwood Court  
Safety Harbor, FL 34695**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**V  
Schutte', Lana  
107 Windward Island  
Clearwater, FL 34630**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**SR. VP  
Stafford, Victoria A.  
10 Pinewinds Blvd.  
Oldsmar, FL 34677**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Toscano, Kay  
5720 Redhawk Drive  
New Port Richey, FL 34655**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Wade, Cheryl  
908 Pennsylvania Avenue  
Clearwater, FL 34615**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Walsh, Mary Ellen  
1349 Brunswick Drive  
Clearwater, FL 34616**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
West, Craig L.  
7225 56th Avenue North  
St. Petersburg, FL 33709**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**O  
Winter, Brenda  
15707 Mulrfield Drive  
Odessa, FL 33556**

**TITLE  
NAME  
ADDRESS  
CITY-ST-ZIP**

**SR. VP  
Youngs, Gerald  
3049 Eagles Landing Circle W.  
Clearwater, FL 33761**

**O = OFFICER**