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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:57

DOCUMENT # **J82936** **(2)**

1. Corporation Name
THE CITIZENS BANK OF WAKULLA

Principal Place of Business	Mailing Address
650 NORTH TALLAHASSEE ST. CRAWFORDVILLE FL	650 NORTH TALLAHASSEE ST. CRAWFORDVILLE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1987**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business
21: 2628 Crawfordville Hwy
Suite, Apt. #, etc. 22:
City & State 23: Crawfordville, FL
Zip 24: 32327 Country 25: Wakulla

2a. Mailing Address
26: 2628 Crawfordville Hwy
Suite, Apt. #, etc. 27:
City & State 28: Crawfordville, FL
Zip 29: 32327 Country 30: Wakulla

4. FEI Number: **59-2817888** ☐ 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
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 of new registered agent, if appointed) (Name of Registered Agent, Typed or Printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HUMPHRESS, TOM	12 NAME		
STREET ADDRESS	HIGHWAY 319	13 STREET ADDRESS		
CITY ST ZIP	CRAWFORDVILLE FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SPEARS, R. MARSHALL	22 NAME		
STREET ADDRESS	HIGHWAY 319	23 STREET ADDRESS		
CITY ST ZIP	CRAWFORDVILLE FL	24 CITY ST ZIP		
TITLE	P	31 TITLE	Chairman	☑ Change ☐ Addition
NAME	METCALF, DANNY R., SR.	32 NAME		
STREET ADDRESS	OCHLOCKNEE ST.	33 STREET ADDRESS		
CITY ST ZIP	PANACEA FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	YOUNG,LAHARVE FRANCIS,JR	42 NAME		
STREET ADDRESS	HIGHWAY 319	43 STREET ADDRESS		
CITY ST ZIP	CRAWFORDVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, EDWIN G.	52 NAME		
STREET ADDRESS	BOSTIC PELT RD.	53 STREET ADDRESS		
CITY ST ZIP	CRAWFORDVILLE FL	54 CITY ST ZIP		
TITLE	S	61 TITLE	Secretary	☑ Change ☐ Addition
NAME	OAKS, DENISE B	62 NAME		
STREET ADDRESS	HIGHWAY 319	63 STREET ADDRESS		
CITY ST ZIP	CRAWFORDVILLE FL	64 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 this 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: R. [illegible] 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 904-926-8211 Daytime Phone #

0493174 IN