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FILED
Apr 22 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # J82936

1. Corporation Name
CITIZENS BANK WAKULLA

Principal Place of Business	Mailing Address
2626 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327 US	PO BOX 1240 CRAWFORDVILLE FL 32326 US

04/22/99 90178 036 150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1987

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2617888 ☐ 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

7. This corporation owes the current year intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	YOUNG, L.F. "SKIP" JR.		1.2 NAME	Mills, William E.	
STREET ADDRESS	195 HARVEY-YOUNG ROAD		1.3 STREET ADDRESS	4202 Coastal Highway	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	EXVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JACK D. JR.		2.2 NAME		
STREET ADDRESS	677 EASTIVAN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, EDWIN G.		3.2 NAME		
STREET ADDRESS	321 LITTLE CREEK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, W. MARK		4.2 NAME		
STREET ADDRESS	38 HIGHLAND STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPEARS, R. MARSHALL JR.		5.2 NAME		
STREET ADDRESS	3016 COASTAL HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		5.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OAKS, DENISE B		6.2 NAME		
STREET ADDRESS	2626 CRAWFORDVILLE HWY.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 L.F. Young, Jr. 4/21/99 (850) 926-5211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

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