

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # J82936

1. Entity Name
CITIZENS BANK WAKULLA



Principal Place of Business
**2628 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US**

Mailing Address
**PO BOX 1240
CRAWFORDVILLE, FL 32326 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2817888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, L.F. "SKIP" JR.
STREET ADDRESS	195 HARVEY-YOUNG ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	EXVD
NAME	DAVIS, JACK D. JR.
STREET ADDRESS	677 EASTIVAN ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	BROWN, EDWIN G.
STREET ADDRESS	321 LITTLE CREEK DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	PAYNE, W. MARK
STREET ADDRESS	38 HIGHLAND STREET
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	MILLS, WILLIAM E
STREET ADDRESS	4202 COASTAL HIGHWAY
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000009390
01/21/04-80009-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack D. Davis, Jr. January 16, 2004 (850)926-5211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #