

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90247 049 ***150.00

DOCUMENT # J84485

1. Corporation Name
CITRUS BANK

Principal Place of Business

2861 S. DELANEY AVE
ORLANDO FL 32806
US

Mailing Address

2861 S. DELANEY AVE
ORLANDO FL 32806
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1988

4. FEI Number

59-2909288

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

9. Name and Address of Current Registered Agent

KENNETH E. BREWER, JR.
2861 S. DELANEY AVE
ORLANDO FL 32806

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
CD
BURDEN, RANDY O
STREET ADDRESS
1611 S. SUMMERLIN AVE.
CITY-ST-ZIP
ORLANDO FL 32806

TITLE ☐ DELETE

NAME
D
DRAGE, THOMAS B JR
STREET ADDRESS
138 DETMAR DR
CITY-ST-ZIP
WINTER PARK FL 32789

TITLE ☐ DELETE

NAME
D
HOLCOMB, A. KEITH JR
STREET ADDRESS
918 ALBA DR.
CITY-ST-ZIP
ORLANDO FL 32804

TITLE ☐ DELETE

NAME
D
HOOKER, DOUGLAS P
STREET ADDRESS
9245 SLOANE STREET
CITY-ST-ZIP
ORLANDO FL 32827

TITLE ☐ DELETE

NAME
SVPC
DICKERSON, SHARYN E.
STREET ADDRESS
256 HUNTERS POINT TRAIL
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ DELETE

NAME
EVP
MCCLANAHAN, MICHAEL L.
STREET ADDRESS
1100 S. ORLANDO AVE. #602
CITY-ST-ZIP
MAITLAND FL 32751

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

407 428-9338

CR2E034 (1/98)