

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065482 (6)

1. Corporation Name

CITIZENS PROPERTIES, INC.

Principal Place of Business

401 FIFTH STREET
PORT ST JOE FL 32456

Mailing Address

P.O. BOX 368
PORT ST JOE FL 32456

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1997

4. FEI Number

59-3461570

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE FL 32301

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 President/Director ☐ DELETE

NAME Greg Johnson
STREET ADDRESS 401 Fifth Street
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE Vice President ☐ DELETE

NAME Kathy Leibold
STREET ADDRESS 401 Fifth Street
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE Treasurer/Director ☐ DELETE

NAME Dave May
STREET ADDRESS 105 Allen Memorial Way
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE Secretary/Director ☐ DELETE

NAME Charles A. Costin
STREET ADDRESS 413 Williams Avenue
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE Director ☐ DELETE

NAME Frank Hannon
STREET ADDRESS 1301 Constitution Drive
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME W. W. Barrier, Jr.
1.3 STREET ADDRESS 1411 Monument Avenue
1.4 CITY-ST-ZIP Port St. Joe, FL 32456

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Dwight Marshall
2.3 STREET ADDRESS 956 W. Corrie Drive
2.4 CITY-ST-ZIP St. George Island, FL 32328

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Forest Revell
3.3 STREET ADDRESS 637 Hwy 22
3.4 CITY-ST-ZIP Wewahitchka, FL 32465

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.

SIGNATURE

Greg Johnson, President

CR2E034 (10/97)