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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90082 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000065482

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BARRIER, W W JR**

STREET ADDRESS **1411 MONUMENT AVE**

CITY-ST-ZIP **PORT ST JOE FL 32465**

TITLE **D** ☐ DELETE

NAME **MARSHALL, DWIGHT**

STREET ADDRESS **956 W. GORRIE DR.**

CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**

TITLE **D** ☐ DELETE

NAME **REVELL, FOREST**

STREET ADDRESS **637 HWY. 22**

CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **SD** ☐ DELETE

NAME **COSTIN, CHARLES A**

STREET ADDRESS **413 WILLIAMS AVE.**

CITY-ST-ZIP **PT. ST. JOE FL 32456**

TITLE **D** ☐ DELETE

NAME **HANNON, FRANK**

STREET ADDRESS **1301 CONSTITUTION DR.**

CITY-ST-ZIP **PT. ST. JOE FL 32456**

TITLE **D** ☒ DELETE

NAME **HANNON, FRANK**

STREET ADDRESS **1301 CONSTITUTION DR.**

CITY-ST-ZIP **PT. ST. JOE FL 32456**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

May, David B.

105 Allen Memorial Way

Port St. Joe, FL 32456

D

Shoaf, Stuart L.

1902 Monument Avenue

Port St. Joe, FL 32456

D

President/Director

Johnson, James G.

101 Allen Memorial Way

Port St. Joe, FL 32456

D

Senior Vice President

Kathy Leibold

719 Gulfaire Drive

Port St. Joe, FL 32456

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

3/31/99

850-227-1414

CR2E034 (11/98)