

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 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90178 035 \*\*\*150.00

DOCUMENT # **P98000011239**

1. Corporation Name

**CITIZENS BANCSHARES, INC.**



Principal Place of Business  
**2628 CRAWFORDVILLE HWY  
CRAWFORDVILLE FL 32327-1240**

Mailing Address  
**2628 CRAWFORDVILLE HWY  
CRAWFORDVILLE FL 32327-1240**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/04/1998**

4. FEI Number

**59-3504353**

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 **P.O. Box 1240**

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country  
29 **32326-1240** 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 **PD** ☐ DELETE  
NAME **YOUNG, L F JR**  
STREET ADDRESS **P.O. BOX 816 N/A**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32326**

TITLE **VD** ☐ DELETE  
NAME **DAVIS, JACK D JR**  
STREET ADDRESS **P.O. BOX 514 N/A**  
CITY-ST-ZIP **SOPCHOPPY FL 32358**

TITLE **S** ☒ DELETE  
NAME **OAKS, DENISE B**  
STREET ADDRESS **P.O. BOX 1391 N/A**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32326**

TITLE **D** ☐ DELETE  
NAME **BROWN, EDWIN G**  
STREET ADDRESS **P.O. BOX 625 N/A**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32326**

TITLE **D** ☒ DELETE  
NAME **METCALF, DANNY R SR**  
STREET ADDRESS **P.O. BOX 483 N/A**  
CITY-ST-ZIP **PANACEA FL 32346**

TITLE **D** ☒ DELETE  
NAME **SPEARS, R M JR**  
STREET ADDRESS **3016 COASTAL HIGHWAY**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**SD**  
**Payne, W. Mark**  
**38 Highland Street**  
**Crawfordville, FL 32327**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**D**  
**Mills, William E.**  
**4202 Coastal Highway**  
**Crawfordville, FL 32327**

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**CD**  
**Brown, Edwin G.**

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

(850) 926-5211

Date

Daytime Phone #

CR2E034 (1/98)