2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000011239** CITIZENS BANCSHARES, INC. 03-01-2001 90012 007 ***150.00 Mailing Address Principal Place of Business 2628 CRAWFORDVILLE HWY P.O. BOX 1240 CRAWFORDVILLE FL 32327-1240 CRAWFORDVILLE FL 32326-1240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3504353 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGLER & DOUGHERTY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 PARK AVENUE EAST TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE SD ☐ Delete TITLE ☐ Change Addition NAME PAYNE, MARK W NAME STREET ADDRESS STREET ADDRESS 38 HIGHLAND ST. CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32327 TITLE ☐ Delete TITLE ☐ Change Addition NAME MILLS, WILLIAM E STREET ADDRESS STREET ADDRESS 4202 COASTAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete ☐ Change Addition TITLE TITI F NAME YOUNG, L.F. JR. NAME STREET ADDRESS STREET ADDRESS PO BOX 816 CITY-ST-7IP CITY - ST- ZIP CRAWFORDVILLE FL 32326 ☐ Delete TITI F TITLE Change Addition CD NAME BROWN, EDWIN G NAME STREET ADDRESS STREET ADDRESS P.O. BOX 625 N/A CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32326 TITLE **EVPD** ☐ Delete TITLE ☐ Change Addition NAME DAVIS, JACK D JR NAME STREET ADDRESS STREET ADDRESS PO BOX 514 CITY-ST-ZIP CITY-ST-ZIP SOPCHOPPY FL 32358 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Date