2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P98000086129

Entity Name: FIRST CITRUS BANK

Current Principal Place of Business:

13850 SHELDON ROAD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

13850 SHELDON ROAD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3528089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GELLER, JACK J ESQ
2560 GULF TO BAY BLVD
SUITE 300
CLEARWATER, FL 33765 US

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: JACK GELLER 10/05/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: LINTON, JOHN T
Address: 14530 NETTLE CREEK RD.
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: GELLER, JACK J
Address: 2560 GULF TO BAY BLVD. STE 300
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: HATTON, JAMES G
Address: 5147 CLIFTON STREET
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: SCHULTZ, ANDREW W
Address: 4312 CARROLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: ADCOCK, MICHAEL
Address: 107 E FOWLER AVE
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: DARREY, JEFFREY A
Address: 4704 W HERON LANE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. LINTON EVP 10/05/2005
Electronic Signature of Signing Officer or Director Date