

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 009604

Entity Name: CITIZENS BANK AND TRUST

Current Principal Place of Business:

2 EAST WALL ST
FROSTPROOF, FL 33843

Current Mailing Address:

P O BOX 3400
LAKE WALES, FL 33859 US

FEI Number: 59-0193780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LITTLETON, GREG
222 STATE RD. 60 EAST
LAKE WALES, FL 33853 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: GREG LITTLETON

02/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name LITTLETON, GREG
Address 275 LAKE LINK RD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR, CHAIRMAN
Name WILSON, LATIMER T
Address 200 AIRPORT ROAD
City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR
Name WILSON, CLAYTON G
Address P.O. BOX 832
City-State-Zip: LAKE WALES FL 33859-0832

Title DIRECTOR
Name WILSON CHANEY, PATRICIA
Address 12 BROOK LANE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name WIGGS, ROBERT H
Address 4602 HIGHLANDS PLACE DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name WILSON HENRY, CYNTHIA
Address 2300 NORTH SCENIC HWY
MOUNTAIN LAKE
City-State-Zip: LAKE WALES FL 33853

Title DIRECTOR
Name SCHREIBER, MARK E
Address 128 WYNDHAM DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name SNUGGS, WEYMON
Address 3016 SANCTUARY CIRCLE
City-State-Zip: LAKELAND FL 33803

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I hereby 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 all other like empowered.

SIGNATURE: GREG LITTLETON

DIRECTOR / PRESIDENT

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARNETT, WESLEY
Address 3830 GAINES COURT
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name CRISMAN, STEVE
Address 4401 OLD BARTOW RD
City-State-Zip: LAKE WALES FL 33859

Title SECRETARY
Name RESPRESS, GAIL
Address 235 EAST F STREET
City-State-Zip: FROSTPROOF FL 33843