FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

*CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **018306** **(1)**

1. Corporation Name
BARNETT BANK OF TALLAHASSEE

Principal Place of Business	Mailing Address
315 SOUTH CALHOUN TALLAHASSEE FL 32301	PO BOX 5257 TALLAHASSEE FL 32314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1948	02/09/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0600656	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARREN, JEFF 315 SO CALHOUN STR 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	11 TITLE	PD	☒ Change ☐ Addition
NAME	STAFFORD, KENNETH	12 NAME		
STREET ADDRESS	2311 TRESCOTT DR	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	SV	21 TITLE	EV	XX Change ☐ Addition
NAME	COLLEDGE, WILLIAM D.	22 NAME		
STREET ADDRESS	4546 HIGHGROVE RD	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	SV	31 TITLE	VP	☐ Change XX Addition
NAME	WARREN, JEFF	32 NAME	J. Larry Tucker	
STREET ADDRESS	8481 CHAMBLEE RD	33 STREET ADDRESS	2055 Thomasville Road, Apt. A-201	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VP	41 TITLE	EV	☐ Change ☑ Addition
NAME	ROSE, ALFRED W.	42 NAME	Stringer, Harvey E.	
STREET ADDRESS	1148 WINIFRED FOREST DR.	43 STREET ADDRESS	4910 Arden Forest Way	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ROGERS, SAMUEL	52 NAME		
STREET ADDRESS	3710 GALWAY DR	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	PSO	61 TITLE		☐ Change ☐ Addition
NAME	CROSBY, D. P.	62 NAME		
STREET ADDRESS	5609 SANTA ANITA DR	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jeffry W Warren 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400656 FP