

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000091697 (7)**

1. Corporation Name

JACKSONVILLE BANCORP, INC.

Principal Place of Business

**2275 SPANISH MOSS DRIVE
JACKSONVILLE FL 32246**

Mailing Address

**2275 SPANISH MOSS DRIVE
JACKSONVILLE FL 32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3472981

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4337 PABLO OAKS CT.

Suite, Apt. #, etc.

22 SUITE 102

City & State

23 JACKSONVILLE

Zip

24 32224

Country

25 USA

2a. Mailing Address

26 4337 PABLO OAKS CT.

Suite, Apt. #, etc.

27 SUITE 102

City & State

28 JACKSONVILLE

Zip

29 32224

Country

30 USA

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 **PDC** ☐ DELETE

NAME **GEORGE, VICTOR M**
STREET ADDRESS **126 WILLOW POND LANE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **STD** ☐ DELETE

NAME **KEASLER, DAVID C**
STREET ADDRESS **2275 SPANISH MOSS DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☒ DELETE

NAME **SPENCE, RICHARD D**
STREET ADDRESS **339 PONTE VEDRA BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☒ DELETE

NAME **O'STEEN, HAROLD S**
STREET ADDRESS **759 N EDGEWOOD AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☒ DELETE

NAME **SLEIMAN, ANTHONY T**
STREET ADDRESS **4347-10 SOUTH UNIVERSITY BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **D. MICHAEL CARTER**
1.3 STREET ADDRESS **2709 OCEAN DRIVE SOUTH**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32250**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **JOHN R. SCHULTZ**
2.3 STREET ADDRESS **1823 SEMINOLE Rd.**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **R.C. MILLS**
3.3 STREET ADDRESS **160 PLANTATION CIRCLE SOUTH**
3.4 CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **WILLIAM L. KYLE, JR.**
4.3 STREET ADDRESS **4637 WADHAM LANE**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **GARY L. WINFIELD, M.D.**
5.3 STREET ADDRESS **1451 BEACH AVENUE**
5.4 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **DONNA L. GIBBS**
6.3 STREET ADDRESS **3518 HILLIARD ROAD**
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

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.

SIGNATURE:

Victor M. George

2/25/98

(904) 992-6464

CR2E034 (10/97)