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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091697

1. Corporation Name
JACKSONVILLE BANCORP, INC,

| Principal Place of Business | Mailing Address |
|---|---|
| 4337 PABLO OAKS CT<br>STE 102<br>JACKSONVILLE FL 32224<br>US | 4337 PABLO OAKS CT<br>STE 102<br>JACKSONVILLE FL 32224<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/24/1997

4. FEI Number: 59-3472981 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 13245 ATLANTIC BLVD | 26 13245 ATLANTIC BLVD |
| Suite, Apt. #, etc.<br>22 5 | Suite, Apt. #, etc.<br>27 5 |
| City & State<br>23 JACKSONVILLE, FL | City & State<br>28 JACKSONVILLE, FL |
| Zip / Country<br>24 32225 25 | Zip / Country<br>29 32225 30 |

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PDC | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GEORGE, VICTOR M | | 1.2 NAME | | |
| STREET ADDRESS | 126 WILLOW POND LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | | 1.4 CITY-ST-ZIP | | |
| TITLE | STD | ☒ DELETE | 2.1 TITLE | ST | ☐ Change ☒ Addition |
| NAME | KEASLER, DAVID C | | 2.2 NAME | CHERYL L. WHALEN | |
| STREET ADDRESS | 2275 SPANISH MOSS DR | | 2.3 STREET ADDRESS | 6511 BROOKLYN BAY RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32246 | | 2.4 CITY-ST-ZIP | KEYSTONE HTS., FL 32656 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLS, R.C. | | 3.2 NAME | | |
| STREET ADDRESS | 160 PLANTATION CIR SOUTH | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | | 3.4. CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☒ Change ☒ Addition |
| NAME | KYLE, WILLIAM L JR | | 4. 2 NAME | GILBERT J. POMAR, III | |
| STREET ADDRESS | 4637 WADHAM LANE | | 4.3 STREET ADDRESS | 4957 ORTEGA BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHULTZ, JOHN R | | 5.2 NAME | | |
| STREET ADDRESS | 1823 SEMINOLE RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GIBBS, DONNA L | | 6.2 NAME | PRICE W SCHWENCK | |
| STREET ADDRESS | 3518 HILLARD ROAD | | 6.3 STREET ADDRESS | 13245 ATLANTIC BLVD SUITE 5 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | | 6.4 CITY-ST-ZIP | JACKSONVILLE, FL 32225 | |

CR2E034 (11/98)

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, with all other like empowered.

**SIGNATURE:** Cheryl L. Whalen CHERYL L. WHALEN, CFO 4/30/99 (904) 220-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #