2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State DOCUMENT # P97000091697 05-03-2004 90726 046 ***150.00 1. Entity Name JACKSONVILLE BANCORP, INC. Principal Place of Business Mailing Address 76 S. LAURA ST. P.O. BOX 40466 SUITE 104 JACKSONVILLE, FL 32203 US JACKSONVILLE, FL 32203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3472981 Not Applicable 32202 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHALEN, CHERYL L EV/CFO 76 S. LAURA STREET SUITE 104 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARTER, MICHAEL D NAME "See Attachment" STREET ADDRESS 2709 SOUTH OCEAN DRIVE STREET ADDRESS CITY-ST-78P

FILED

May 03, 2004 8:00 am

JACKSONVILLE BEACH, FL 322505946 CITY-ST-ZIP TITLE STV ☐ Delete TITLE Change ☐ Addition WHALEN, CHERYL L NAME NAME STREET ADDRESS 407 ARTHUR MOORE DRIVE STREET ADDRESS GREEN COVE SPRINGS, FL 34043 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME MILLS, R.C. NAME STREET ADDRESS 160 PLANTATION CIR SOUTH STREET ADDRESS 105 Middleton Place PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP Ponte Vedra, FL 32082 ŊΡ TITLE ☐ Delete TITLE Change ☐ Addition NAME POMAR, GILBERT J III NAME STREET ADDRESS 4957 ORTEGA BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHULTZ, JOHN R NAME STREET ADDRESS 1823 SEMINOLE RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME SCHWENCK, PRICE W NAME 216 North Wind Court STREET ADDRESS 418 BUTTON WOOD LANE STREET ADDRESS Ponte Vedra Beach, FL 32082 CITY-ST-ZIP JACKSONVILLE, FL 32217 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Clung Barrale		Cheryl L. Whalen EVP/CFO	04/29/04 (904) 421-3040	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytime Phone #	

2004 UNIFORM BUSINESS REPORT (UBR) ATTACHMENT DOCUMENT# P97000091697 JACKSONVILLE BANCORP, INC.

OFFICERS AND DIRECTORS

TITLE

D

NAME STREET ADDRESS Gottlieb, Melvin 3028 Forest Circle

CITY-ST-ZIP

Jacksonville, Florida 32257-5620

TITLE

D

NAME

Healey, James M.

STREET ADDRESS

2507 South Ocean Drive

CITY-ST-ZIP

Jacksonville Beach, Florida 32250-5942

TITLE

D

NAME STREET ADDRESS Kowkabany, John C. 110 Palm Place

CITY-ST-ZIP

Neptune Beach, Florida 32266

.TITLE

D

NAME STREET ADDRESS Kraft, Rudolph A. 1355 Moss Creek Drive

CITY-ST-ZIP

Jacksonville, Florida 32225

TITLE

DC

NAME

Roller, Donald E.

STREET ADDRESS

1421 Ponte Vedra Blvd.

Title Change

CITY-ST-ZIP

Ponte Vedra Beach, Florida 32082

TITLE

D

NAME STREET ADDRESS Rose, John W.

SIKEEI ADDK

511 Anderwood Drive Hermitage, PA 16148

CITY-ST-ZIP

TITLE D

NAME

Spencer, Charles F.

STREET ADDRESS

590 Queens Harbour Blvd.

CITY-ST-ZIP

Jacksonville, Florida 32225

TITLE

D

NAME

Tavar, Bennett A.

STREET ADDRESS

3076 Isser Lane

CITY-ST-ZIP

Jacksonville, Florida 32257

TITLE

D

NAME

Winfield, M.D., Gary L.

STREET ADDRESS

630 Jacksonville Drive

CITY-ST-ZIP

Jacksonville Beach, Florida 32250