2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2016
Secretary of State
CC8834699948

DOCUMENT# P97000091697

Entity Name: JACKSONVILLE BANCORP, INC.

Current Principal Place of Business:

100 NORTH LAURA ST
STE 1000
JACKSONVILLE, FL 32202

Current Mailing Address:

100 NORTH LAURA ST
STE 1000
JACKSONVILLE, FL 32202 US

FEI Number: 59-3472981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAX CO.
C/O MCGUIRE WOODS, LLP
50 N LAURA ST., SUITE 3300
JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CFO, EVP
Name	KENDALL, VALERIE A
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	SVP
Name	WILSON, REBEL D
Address	100 N LAURA ST., SUITE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR, CHAIRMAN
Name	GLISSON, DONALD F JR.
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	DELANEY, JOHN A
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	EVP, BANK PRESIDENT
Name	HALL, SCOTT M
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	EVP, CCO
Name	AMY, JOSEPH W
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR, PRESIDENT, CEO
Name	SPENCER, KENDALL F
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	GREENE, A. HUGH
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

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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: /S/ VALERIE A. KENDALL EVP 03/04/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SULLIVAN, JOHN P
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	GOLDSTEIN, ROBERT B
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	SCHWENCK, PRICE W
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	WINFIELD, GARY L
Address	100 NORTH LAURA ST STE 1000
City-State-Zip:	JACKSONVILLE FL 32202