

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortha  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 006094 (7)

1. Corporation Name

BARNETT BANK OF NORTHWEST FLORIDA

Principal Place of Business

189 EGLIN PARKWAY, NE  
FORT WALTON BEACH FL 32548

Mailing Address

189 EGLIN PARKWAY, NE  
FORT WALTON BEACH FL 32548



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STEWART, ROBERT D.  
701 JOHN SIMS PKWY  
NICEVILLE FL 32578

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, 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

*Robert D. Stewart*

(NOTE: Registered Agent's signature required when re-registering)

DATE

3/18/96

12. OFFICERS AND DIRECTORS

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | CAWTHON, M. L JR        |                                            |
| STREET ADDRESS | 150 LAKESIDE DRIVE      |                                            |
| CITY- ST- ZIP  | DEFUNIAK SPRING FL      |                                            |
| TITLE          | PCD                     | <input type="checkbox"/> DELETE            |
| NAME           | CARR, FREDDY G          |                                            |
| STREET ADDRESS | 10 DANBURY COURT        |                                            |
| CITY- ST- ZIP  | NICEVILLE FL            |                                            |
| TITLE          | SVP                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | KRIEGER, STEPHEN E.     |                                            |
| STREET ADDRESS | 377 ECHO COURT          |                                            |
| CITY- ST- ZIP  | FT. WALTON BCH FL       |                                            |
| TITLE          | V                       | <input type="checkbox"/> DELETE            |
| NAME           | COLLINS, DONALD O.      |                                            |
| STREET ADDRESS | 9 DANBURY COURT         |                                            |
| CITY- ST- ZIP  | NICEVILLE FL            |                                            |
| TITLE          | V                       | <input type="checkbox"/> DELETE            |
| NAME           | LEOPOLD, FRED O. JR.    |                                            |
| STREET ADDRESS | 251 DOMINICA COURT WEST |                                            |
| CITY- ST- ZIP  | NICEVILLE FL            |                                            |
| TITLE          | V                       | <input type="checkbox"/> DELETE            |
| NAME           | COBLE, H. F JR          |                                            |
| STREET ADDRESS | P.O. BOX 1192 N/A       |                                            |
| CITY- ST- ZIP  | PENSACOLA FL            |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          |                                                                   |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

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\*\*\*200.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stewart*

Date

Date of Filing

3/29/96

SE 4-5-96

CR2E034 (12/95)