

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 017956 (4)

1. Corporation Name

BARNETT BANK OF HIGHLANDS COUNTY



Principal Place of Business

Mailing Address

231 S. RIDGEWOOD DRIVE
P.O. BOX 1947
SEBRING FL 33870

P. O. BOX 30318
P.O. BOX 1947
TAMPA FL 33630-3318
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/11/1924

3a. Date of Last Report

05/01/1995

4. FEL Number

59-0486850

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

LEGAL COUNSEL/BARNETT BANK OF HIGHLANDS CNTY
231 S RIDGEWOOD DR
SEBRING, FL
33870

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 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 not a partner, officer, director, or shareholder of the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *James Ridley*

Signature typed or printed name of registered agent

Date Registered Agent signed and responded to this filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAYLESS, F. ELGIN, JR.	
STREET ADDRESS	231 S RIDGEWOOD	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIDLEY, JAMES L.	
STREET ADDRESS	231 S RIDGEWOOD	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNTY, ROBERT P, JR	
STREET ADDRESS	231 S RIDGEWOOD	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLEY, SANTFORD R., DR.	
STREET ADDRESS	231 SOUTH RIDGEWOOD	
CITY-ST-ZIP	SEBRING FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	CLINARD, JAMES C	
STREET ADDRESS	231 S RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, DAL	
STREET ADDRESS	231 S RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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JR

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: *James Ridley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James Ridley

4-19-96

Date

Daytime Phone #

CR2E034 (12/95)