

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018289 (9)
1. Corporation Name
FIRST GUARANTY BANK AND TRUST COMPANY OF JACKSONVILLE

Principal Place of Business 1234 KING STREET - P.O. BOX 2578 JACKSONVILLE FL 32203	Mailing Address 1234 KING STREET - P.O. BOX 2578 JACKSONVILLE FL 32203-2578
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1947	3a. Date of Last Report 02/28/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-0566656	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
29	30	31	32	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					

9. Name and Address of Current Registered Agent REID, RICHARD 1234 KING STREET JACKSONVILLE FL 32204		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	1.1 TITLE	Senior Vice President ☒ Change ☐ Addition
NAME	EMRAN-SOUD, LILLIAN O.	1.2 NAME	Emran, Lillian O.
STREET ADDRESS	2949 STARSHIRE COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	Senior Vice President ☒ Change ☐ Addition
NAME	GRAHAM, CARL E.	2.2 NAME	
STREET ADDRESS	1604 MALLORY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FANT JR, JULIAN E	3.2 NAME	
STREET ADDRESS	4062 TIMUQUANA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, EDWARD	4.2 NAME	
STREET ADDRESS	1238 FREDERICA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	EVP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REID, RICHARD	5.2 NAME	
STREET ADDRESS	10555 CRYSTAL SPG RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BRANTLEY, LEWIS B	6.2 NAME	
STREET ADDRESS	4659 LANCELOT LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE Lillian O. Emran Lillian O. Emran 02/21/97 (904) 384-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FIRST GUARANTY BANK & TRUST COMPANY OF JACKSONVILLE
DIRECTORS - 1997

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FIRST GUARANTY BANK & TRUST COMPANY OF JACKSONVILLE
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