

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 # 018306 (1)

1. Corporation Name

BARNETT BANK OF TALLAHASSEE



Principal Place of Business

315 SOUTH CALHOUN
TALLAHASSEE FL 32301

Mailing Address

PO BOX 5257
TALLAHASSEE FL 32314
US

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

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/14/1948

3a. Date of Last Report
04/11/1995

4. FEI Number
59-0600656

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

WARREN, JEFF
315 SO CALHOUN STR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
STAFFORD, KENNETH

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, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation, and for it acceptable

(NOTE: Registered Agent signature required when reinstating)

3/4/96
DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------------|--------|
| TITLE | PO | DELETE |
| NAME | STAFFORD, KENNETH | |
| STREET ADDRESS | 2311 TRESCOTT DR | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | EV | DELETE |
| NAME | COLLEDGE, WILLIAM D. | |
| STREET ADDRESS | 4546 HIGHGROVE RD | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | VP | DELETE |
| NAME | TUCKER, J. L | |
| STREET ADDRESS | 2055 THOMASVILLE ROAD, APT. A-201 | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | D | DELETE |
| NAME | ROGERS, SAMUEL | |
| STREET ADDRESS | 3710 GALWAY DR | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | EV | DELETE |
| NAME | STRINGER, HARVEY E | |
| STREET ADDRESS | 4910 ARDEN FOREST WAY | |
| CITY - ST - ZIP | TALLAHASSEE FL 32308 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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

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

Date

Daytime Phone #

CR2E034 (12/95)