121467

Annual Report

Filed 4-14-94

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 APR 14 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BARNETT BANKS, INC.

DOCUMENT # 121467 (5)

Mailing Address
P.O. BOX 40789
JACKSONVILLE FL 32203-7789

Principal Place of Business
P.O. BOX 40789
JACKSONVILLE FL 32203-7789

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21 50 N Laura Street

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22 Attn: Regulatory Relations

Suite, Apt. #, etc.
27

City & State
23 Jacksonville, Fl

City & State
28

Zip
24 2202

Country
25 Duval

Zip
29

Country
30

3. Date Incorporated or Qualified: 01/03/1900
3a. Date of Last Report: 04/03/1993
4. FEI Number: 59-0560515 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWARTLEY, RICHARD E
50 LAURA STREET
JACKSONVILLE FL 32202-0610

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/C	11 TITLE	
12 NAME	RICE, CHARLES E.	12 NAME	
13 STREET ADDRESS	50 LAURA STREET	13 STREET ADDRESS	
14 CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
21 TITLE	C/F/O	21 TITLE	
22 NAME	NEWMAN, CHARLES W.	22 NAME	
23 STREET ADDRESS	50 LAURA STREET	23 STREET ADDRESS	
24 CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
31 TITLE	D/P	31 TITLE	
32 NAME	LASTINGER, ALLEN L. JR.	32 NAME	
33 STREET ADDRESS	50 LAURA STREET	33 STREET ADDRESS	
34 CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
41 TITLE	S	41 TITLE	
42 NAME	COSBY, CATHERINE C.	42 NAME	
43 STREET ADDRESS	50 LAURA STREET	43 STREET ADDRESS	
44 CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
51 TITLE	E/V/P	51 TITLE	
52 NAME	NOBLES, HINTON F. JR.	52 NAME	
53 STREET ADDRESS	50 LAURA STREET	53 STREET ADDRESS	
54 CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine C. Cosby 2/7/94 (904) 791-7286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Catherine C. Cosby