121467

Annual Report
Filed 4-6-93

2 pgs.

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

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

APPROVED
SEC. OF STATE

DOCUMENT # 121467 (5)

1. Name and Mailing Address of Corporation

Previous
BARNETT BANKS, INC.
PO BOX 40789
JACKSONVILLE FL 32203-0789

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1930
3a. Date of Last Amendment: 05/13/1992
4. FEI Number: 590560515
Document Fee
Filing Acknowledgment

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has complied with the provisions of Florida Statutes: X Yes ☐ No

2. Mailing Address	2a. Principle Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 86

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, Florida Statutes.

SIGNATURE _____ DATE
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS (Change)	
11 TITLE	D/C	11 TITLE	
12 NAME	RICE, CHARLES E.	12 NAME	
13 ADDRESS	50 LAURA STREET	13 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 ADDRESS	50 LAURA STREET	23 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 ADDRESS	50 LAURA STREET	33 ADDRESS	
34 CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
41 TITLE	S	41 TITLE	
42 NAME	COSBY, CATHERINE C.	42 NAME	
43 ADDRESS	50 LAURA STREET	43 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 ADDRESS	50 LAURA STREET	53 ADDRESS	
54 CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 ADDRESS		63 ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature below constitutes my oath. I further certify 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, Block 13 with an asterisk (*) or on an attached list with an asterisk.

SIGNATURE Catherine C. Cosby

Print/Type Name of Signing Officer or Director	Title	Daytime Telephone Number
Catherine C. Cosby	Secretary	(904) 791-7286