FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **353535** **(8)**

1. Corporation Name

BARNETT BANK OF PASCO COUNTY

Principal Place of Business	Mailing Address
10220 U.S. HIGHWAY 19 PORT RICHEY FL 34668	P O BOX 1065 NEW PORT RICHEY FL 34656 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/09/1969**
3a. Date of Last Report: **02/07/1994**

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

4. FEI Number: **59-1285198** ☐ 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

9. Name and Address of Current Registered Agent

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, 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	1.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, KENDALL	1.2 NAME		
STREET ADDRESS	10200 US HWY 19	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	EVPS	2.1 TITLE		☐ Change ☐ Addition
NAME	VAUGHN, DAVID C	2.2 NAME		
STREET ADDRESS	7115 AUBURN LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	EVP	3.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, K.	3.2 NAME		
STREET ADDRESS	2809 BRAMBLERIDGE CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, FREDERICK	4.2 NAME		
STREET ADDRESS	5805 MEADOWWOOD DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	EVP	5.1 TITLE	EVP	☐ Change ☑ Addition
NAME	BOATWRIGHT, GALE	5.2 NAME	GEORGE ERCK	
STREET ADDRESS	2909 CHATTSWORTH COURT	5.3 STREET ADDRESS	2512 GRANDE ST.	
CITY-ST-ZIP	HOLIDAY FL	5.4 CITY-ST-ZIP	TAMPA, FLORIDA	
TITLE	EVP	6.1 TITLE		☐ Change ☐ Addition
NAME	SPICHER, CRAIG	6.2 NAME		
STREET ADDRESS	5016 WEST SHORE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	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)(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, added or deleted.

SIGNATURE: Kendall Spencer 4/17/95 (813) 861-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Kendall Spencer-President & CEO

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