

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 # 374930 (6)

1. Corporation Name

BANCSHARES PROPERTIES, INC.



Principal Place of Business

Mailing Address

P O BOX 4899
GA1-006-14-16
ATLANTA GA 30302-4899
US

P O BOX 4899
GA1-006-14-16
ATLANTA GA 30302-4899
US

3. Date Incorporated or Qualified

12/23/1970

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1311721

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JAMES, R
400 N ASHLEY DR
FL1-010-15-02
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME
WATTERWORTH, DAVID C
STREET ADDRESS
101 SO TRYON STR
CITY, ST, ZIP
CHARLOTTE NC

1.2 NAME
1.3 STREET ADDRESS

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
DARNELL, DAVID C
STREET ADDRESS
400 NO ASHLEY DR
CITY, ST, ZIP
TAMPA FL

2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
TAYLOR, R., EUGENE
STREET ADDRESS
400 N. ASHLEY DRIVE
CITY, ST, ZIP
TAMPA FL

3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

5.2 NAME
5.3 STREET ADDRESS

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

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 as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

404-607-5412
Daytime Phone #

CR2E034 (12/95)

Michael Mulcahy, Senior Vice President
NationsBank Corporation
Corporate Tax Department-GA1-006-14-16
600 Peachtree Street
Atlanta, Georgia 30308