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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:10

DOCUMENT # **416003** **(2)**

1. Corporation Name
BARNETT BANK OF THE TREASURE COAST

Principal Place of Business	Mailing Address
900 E PRIMA VISTA BLVD P O BOX 7220 PT ST LUCIE FL 34952	900 E PRIMA VISTA BLVD P O BOX 7220 PT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1973
3a. Date of Last Report: 02/04/1994

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

4. FEI Number: 59-1434290 ☐ 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
~~SAM A. DAVIS, II~~ 900 E. PRIMA VISTA BLVD PORT ST. LUCIE FL 34952	81 Name: Jeffrey H. Atwater 82 Street Address (P.O. Box Number is Not Acceptable): 900 E. Prima Vista Blvd 83 84 City: Port St. Lucie FL 85 Zip Code: 34952

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: J.H. Atwater — 2/9/95
Signature of new 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	V	1.1 TITLE		☐ Change ☐ Addition
NAME	ROYAL, JOHN R	1.2 NAME		
STREET ADDRESS	3682 SW SUNSET TRACE CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP		
TITLE	PC	2.1 TITLE	Director and President & CEO	☒ Change ☐ Addition
NAME	~~DAVIS, SAM A~~	2.2 NAME	Jeffrey H. Atwater	
STREET ADDRESS	~~1790 SW MOCKINGBIRD DR~~	2.3 STREET ADDRESS	4855 13th Place	
CITY-ST-ZIP	~~PT ST LUCIE FL~~	2.4 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	HYATT, JOHN F.	3.2 NAME		
STREET ADDRESS	7406 16TH MANOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: J.H. Atwater — 2/9/95 — (407) 340-5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeffrey H. Atwater - Director and President/CEO

0376727 CP