

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G35050** (5)

1. Corporation Name
BARNETT BANK OF NASSAU COUNTY



Principal Place of Business: **520 CENTRE ST FERNANDINA BEACH FL 32034-3937**
Mailing Address: **520 CENTRE ST FERNANDINA BEACH FL 32034-3937**

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

3. Date Incorporated or Qualified: **04/19/1983**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-1456850**
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

**Dian S. Williams
2215 Berkley Court
Fernandina Beach, Fl. 32034**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DIAN S	
STREET ADDRESS	2215 BERKLEY COURT	
CITY, ST, ZIP	FERNANDINA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, MARSHALL	
STREET ADDRESS	12 BELTED KINGFISHER	
CITY, ST, ZIP	AMELIA IS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERREIRA, ROBERT S.	
STREET ADDRESS	2880 PARK SQUARE PL	
CITY, ST, ZIP	FERNANDINA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNER, SUELLEN RODEFFER	
STREET ADDRESS	1390 LEEWARD COVE	
CITY, ST, ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARMAND, TERRY	
STREET ADDRESS	303 CENTRE STREET	
CITY, ST, ZIP	FERNANDINA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALAN, JACK B JR	
STREET ADDRESS	75 SEA MARSH RD	
CITY, ST, ZIP	AMELIA ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 registrar 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 of this report, or on an attachment with an address.

SIGNATURE: *Dian S. Williams* Dian S. Williams 1/17/96 904-321-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

CR2E034 (12/95)