

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G65006** (0)

1. Corporation Name
BARNETT BANK OF THE KEYS

Principal Place of Business Mailing Address
1010 KENNEDY DR KEY WEST FL 33040 **1010 KENNEDY DR KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/13/1983	02/10/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1349345	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WOOLLEY, HARRY JR 6 ALLAMANDA TERRACE KEY WEST FL 33040				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	CEO	11 TITLE	VP
NAME	WOOLLEY, HARRY JR	12 NAME	SCHWELK, DON
STREET ADDRESS	6 ALLAMANDA TERRACE 5 DRIFTWOOD TERRACE	13 STREET ADDRESS	2500 PATTERSON AVE
CITY - ST - ZIP	KEY WEST FL 33040	14 CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	SP	21 TITLE	
NAME	MONTGOMERY, JANET 12 TAMARIND DR.	22 NAME	
STREET ADDRESS	6 ALLAMANDA TERRACE BIG COPPITT, FL	23 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	24 CITY - ST - ZIP	
TITLE	VP	31 TITLE	
NAME	WOODALL, EDWARD	32 NAME	
STREET ADDRESS	2601 S ROOSEVELT BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL	34 CITY - ST - ZIP	
TITLE	SVR EVP	41 TITLE	
NAME	PATAKY, DEBRA Tim Robinson	42 NAME	
STREET ADDRESS	16 AMARYLLIS DR. RT2, Box 600c	43 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL SUMMERLAND KEY, FL 33040	44 CITY - ST - ZIP	
TITLE	VP	51 TITLE	
NAME	PEPPER, JULIE A Schilson, Julie	52 NAME	
STREET ADDRESS	620 GEORGIA STREET 273 PEARLMAN COURT	53 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL KEY WEST, FL 33040	54 CITY - ST - ZIP	
TITLE	SVR	61 TITLE	
NAME	PATAKY, JOHN NOLL, RICHARD A.	62 NAME	
STREET ADDRESS	10 AMARYLLIS DR 1613 BANANA DR.	63 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL KEY WEST 33040	64 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 on an attachment with an address.

SIGNATURE: Edward Woodall Edward Woodall 7/17/95 305-292-3804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Block 13)

CR2E094 (3/95)