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paid 3/10/95

CORPORATION ANNUAL REPORT 1995

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

FILED
95 APR 24 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H34395 (4)

1. Corporation Name
BARNETT BANK OF THE ST. JOHNS

Principal Place of Business	Mailing Address
2155 OLD MOULTRIE RD. ST. AUGUSTINE FL 32086	P.O. BOX 1929 ST. AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1284617 ☐ 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	PD	1.1 TITLE	☒ Change	☐ Addition
NAME	YOUNG, WILLIAM F.	1.2 NAME		
STREET ADDRESS	707-B OLD BEACH ROAD	1.3 STREET ADDRESS	833 Kalli Creek Lane	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	☐ Change	☐ Addition
NAME	NEWBOLD, JOHN R.	2.2 NAME		
STREET ADDRESS	P.O. BOX 202 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	☐ Change	☐ Addition
NAME	TAYLOR, JOSEPH S.	3.2 NAME		
STREET ADDRESS	3070 HARBOR DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	☐ Change	☐ Addition
NAME	DRYSDALE, DAVID C.	4.2 NAME		
STREET ADDRESS	48 WATER STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☐ Change	☐ Addition
NAME	POLI, DARRELL R.	5.2 NAME		
STREET ADDRESS	42 VALENCIA STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	☐ Change	☐ Addition
NAME	MIDDLETON, J. LEIGHTON	6.2 NAME		
STREET ADDRESS	P. O. BOX 117 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	ELKTON 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 or on an attachment with an address.

SIGNATURE: Wm. F. Young Wm. F. Young 3-7-95 904/797-1100
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #