

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34929

(0)

1. Corporation Name

BARNETT BANKS INSURANCE, INC.

Principal Place of Business

9000 SOUTHSIDE BLVD
BLDG 100
JACKSONVILLE FL 32256
US

Mailing Address

50 LAURA STREET
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202-3466
US

3. Date Incorporated or Qualified

12/18/1984

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2472357

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SWARTLEY, RICHARD E.
50 LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

Gary W. England

82 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street

83

Mail Code 099-000-0907

84 City

Jacksonville,

FL

85

Zip Code
32202

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CFO
NAME GREEN, STEPHEN D.
STREET ADDRESS 9000 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETETITLE D
NAME RALPH, MICHAEL L.
STREET ADDRESS 9000 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETETITLE D
NAME BIEGER, BRIAN R.
STREET ADDRESS 50 LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETETITLE PD
NAME SCAGLIARINI, PAUL D.
STREET ADDRESS 9000 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETETITLE D
NAME STAUFENBERGER, DAVID P.
STREET ADDRESS 9000 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO ☒ Change ☐ Addition
1.2 NAME Green, Stephen D
1.3 STREET ADDRESS 10401 Deerwood Park Boulevard
1.4 CITY-ST-ZIP Jacksonville, FL 322562.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Ralph, Michael L
2.3 STREET ADDRESS 10401 Deerwood Park Boulevard
2.4 CITY-ST-ZIP Jacksonville, FL 322563.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Patrick Doran
3.3 STREET ADDRESS 10401 Deerwood Park Boulevard
3.4 CITY-ST-ZIP Jacksonville, FL 322564.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Paul Scagliarini

2/11/97

(904) 464-5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

0020481