

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J48377** (2)

1. Corporation Name
BARNETT BANK OF SOUTHWEST FLORIDA

Principal Place of Business	Mailing Address
240 S PINEAPPLE AVENUE P.O. BOX 1478 SARASOTA FL 34230	240 S PINEAPPLE AVENUE P.O. BOX 1478 SARASOTA FL 34230

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1986	05/01/1994
4. FEI Number	Applied For
59-0436005	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAMSON, ROSEAN K
STREET ADDRESS	1239 N.W. PRICE CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL 33948
TITLE	D
NAME	STOTTLEMYER, CHARLES E
STREET ADDRESS	4253-FRUITVILLE RD.
CITY - ST - ZIP	SARASOTA-FL-34232-
TITLE	D
NAME	WATTS, MARY M
STREET ADDRESS	2320 N. EUCLID AVE.
CITY - ST - ZIP	SARASOTA FL 34237
TITLE	D
NAME	RUTLEDGE, JAMES C
STREET ADDRESS	7500 MIDNIGHT PASS RD
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	McDevitt, William J.
STREET ADDRESS	7508 Weeping Willow Dr.
CITY - ST - ZIP	Sarasota, FL 34241
TITLE	D
NAME	Neff, Raymond M.
STREET ADDRESS	2601 Cattleman Road
CITY - ST - ZIP	Sarasota, FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Norman, Jack A.	
1.3 STREET ADDRESS	1735 C Lake Place	
1.4 CITY - ST - ZIP	Venice, FL 34293	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bacon, William L.	
2.3 STREET ADDRESS	23495 Westchester Blvd.	
2.4 CITY - ST - ZIP	Port Charlotte, FL 33980	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D, P and CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allen, Rebecca S.	
3.3 STREET ADDRESS	240 S. Pineapple Avenue	
3.4 CITY - ST - ZIP	Sarasota, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

Rebecca S. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca S. Allen, president and CEO

March 8, 1995

Title

(Signature File #)

APPROVED
AND
FILED
95 MAR 17 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA