

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J48377** (2)

1. Corporation Name  
**BARNETT BANK OF SOUTHWEST FLORIDA**



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

3. Date Incorporated or Qualified: **12/22/1986**  
3a. Date of Last Report: **03/17/1995**  
4. FEI Number: **59-0436005**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fec 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

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

**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 officer 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: \_\_\_\_\_ (Print Name of Registered Agent)  
Name of Registered Agent: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: <b>D</b>	NAME: <b>SAMSON, ROSEAN K</b>	STREET ADDRESS: <b>1239 N.W. PRICE CIRCLE</b>	CITY-STATE-ZIP: <b>PORT CHARLOTTE FL 33948</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	NAME: <b>GEYER, ROBERT W</b>	STREET ADDRESS: <b>1800 BAY ROAD</b>	CITY-STATE-ZIP: <b>SARASOTA FL 34239</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	NAME: <b>WATTS, MARY M</b>	STREET ADDRESS: <b>2320 N. EUCLID AVE.</b>	CITY-STATE-ZIP: <b>SARASOTA FL 34237</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	NAME: <b>RUTLEDGE, JAMES C</b>	STREET ADDRESS: <b>7500 MIDNIGHT PASS RD</b>	CITY-STATE-ZIP: <b>SARASOTA FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	NAME: <b>MCDEVITT, WILLIAM J</b>	STREET ADDRESS: <b>7508 WEEPING WILLOW DR.</b>	CITY-STATE-ZIP: <b>SARASOTA FL 34241</b>	<input type="checkbox"/> DELETE
TITLE: <b>D</b>	NAME: <b>NEFF, RAYMOND M</b>	STREET ADDRESS: <b>2601 CATTLEMEN ROAD</b>	CITY-STATE-ZIP: <b>SARASOTA FL 34232</b>	<input type="checkbox"/> DELETE

1.1 TITLE: <b>D</b>	NAME: <b>Bacon, William L.</b>	STREET ADDRESS: <b>23495 Westchester Blvd.</b>	CITY-STATE-ZIP: <b>Port Charlotte, FL 33980</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: <b>D</b>	NAME: <b>Norman, Jack A.</b>	STREET ADDRESS: <b>1735 C Lake Place</b>	CITY-STATE-ZIP: <b>Venice, FL 34293</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: <b>D</b>	NAME: <b>Schworm, Earl F.</b>	STREET ADDRESS: <b>P.O. Box 519</b>	CITY-STATE-ZIP: <b>Placida, FL 33946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: <b>D, P &amp; CEO</b>	NAME: <b>Collins, C. Michael</b>	STREET ADDRESS: <b>240 S. Pineapple Ave.</b>	CITY-STATE-ZIP: <b>Sarasota, FL 34236</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 to this address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**C. Michael Collins, President and CEO**

3/4/96

(941) 951-3420

CR2E034 (12/95)