FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 8:30

DOCUMENT # J82990 (9)

1. Corporation Name
FIRST BANK OF JACKSONVILLE

Principal Place of Business	Mailing Address
11100 SAN JOSE BLVD. P.O. BOX 57099 JACKSONVILLE FL 32241-7099	11100 SAN JOSE BLVD. P.O. BOX 57099 JACKSONVILLE FL 32241-7099

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1988
3a. Date of Last Report: 02/04/1994

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

4. FEI Number: 59-2907383 ☐ 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

WELLS, CLYDE N. JR.
11100 SAN JOSE BOULEVARD
P.O. BOX 56530
JACKSONVILLE FL 32241-6530

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	D	11 TITLE	D	☐ Change ☒ Addition
NAME	DRUMMOND, WILLIAM	12 NAME	Smith, Wilson L.	
STREET ADDRESS	11125 STOWE COTTAGE LANE	13 STREET ADDRESS	13766 Mandarin Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	GARDNER, THOMAS A, DR	22 NAME	Altera, Timothy D.	
STREET ADDRESS	629-B PONTE VEDRA BLVD	23 STREET ADDRESS	4500 Salisbury Rd., Suite 160	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	24 CITY-ST-ZIP	Jacksonville, Fl	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MICK, WILLIAM C. JR	32 NAME	Delete William Mick	
STREET ADDRESS	610 ARLINGTON RIVER DR.	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	O	41 TITLE		☒ Change ☐ Addition
NAME	CLINE, CARL W	42 NAME	Delete Mr. Cline	
STREET ADDRESS	9009 WESTERN LAKE #1808	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	DO	51 TITLE		☐ Change ☐ Addition
NAME	WELLS, CLYDE N., JR	52 NAME		
STREET ADDRESS	11100 SAN JOSE BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	GREEN EDWARD L.	62 NAME	Delete Mr. Green	
STREET ADDRESS	6601 SOUTHPT. DR.,N#3000	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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: _____ 6/.../95 (904) 362-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407196 FP