**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **J82990** **(9)**

1. Corporation Name

**FIRST BANK OF JACKSONVILLE**

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

3. Date Incorporated or Qualified: **08/31/1988**
3a. Date of Last Report: **06/26/1995**

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: **59-2907383** ☐ 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 | ☐ DELETE | 11 TITLE | D | ☐ Change ☒ Addition |
| NAME | DRUMMOND, WILLIAM | | 12 NAME | Conrad J. Gunti, Jr. | |
| STREET ADDRESS | 11125 STOWE COTTAGE LANE | | 13 STREET ADDRESS | 1239 Fruit Cove Terrace Road, No. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 14 CITY-ST-ZIP | Jacksonville, FL 32223 | |
| TITLE | D | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GARDNER, THOMAS A, DR | | 22 NAME | | |
| STREET ADDRESS | 629-B PONTE VEDRA BLVD | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | | 24 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | AMITH, WILSON L | | 32 NAME | | |
| STREET ADDRESS | 13766 MANDARIN RD | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 34 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | ALTERS, TIMOTHY D | | 42 NAME | | |
| STREET ADDRESS | 4500 SALISBURY RD STE 160 | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 44 CITY-ST-ZIP | | |
| TITLE | DO | ☐ DELETE | 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 | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ Clyde N. Wells, Jr., June 10, 1996 (904)262-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #