

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90097 022 ***150.00

DOCUMENT # J82990

1. Corporation Name

FIRST BANK OF JACKSONVILLE

Principal Place of Business

11100 SAN JOSE BLVD.
P.O. BOX 57099
JACKSONVILLE FL 32241-7099

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME GUNTI, CONRAD J. JR
STREET ADDRESS 1239 FRUIT COVE TERRANCE ROAD, NO
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE

NAME GARDNER, THOMAS A, DR
STREET ADDRESS 629-B PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE AS ☒ DELETE

NAME HILLAN, KAREN
STREET ADDRESS 4065 TYNDAL CREEK PLACE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME ALTERS, TIMOTHY D
STREET ADDRESS 4500 SALISBURY RD STE 160
CITY-ST-ZIP JACKSONVILLE FL

TITLE DO ☐ DELETE

NAME WELLS, CLYDE N., JR
STREET ADDRESS 11100 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME DRUMMOND, W. JOHN
STREET ADDRESS 1125 STOWE COTTAGE LN
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE O ☐ Change ☒ Addition

1.2 NAME A. Richardson Tosh
1.3 STREET ADDRESS 11251 Brockton Place
1.4 CITY-ST-ZIP Jacksonville, FL 32257

2.1 TITLE O ☐ Change ☒ Addition

2.2 NAME Sharon Hocker
2.3 STREET ADDRESS 10604 Scott Mill Rd
2.4 CITY-ST-ZIP Jacksonville, FL 32257

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DO ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DO ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)