

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J82990

FILED
Apr 14, 2004
Secretary of State

Entity Name: FIRST BANK OF JACKSONVILLE

Current Principal Place of Business:

11100 SAN JOSE BLVD.
P.O. BOX 57099
JACKSONVILLE, FL 322417099

New Principal Place of Business:

Current Mailing Address:

11100 SAN JOSE BLVD.
P.O. BOX 57099
JACKSONVILLE, FL 322417099

New Mailing Address:

FEI Number: 59-2907383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVERY, JOHN T
11100 SAN JOSE BOULEVARD
P.O. BOX 56530
JACKSONVILLE, FL 322416530

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVERY, JOHN T
Address: 4066 LAZY HOLLOW LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HOYT, CHRISTOPHER
Address: 4816 YACHT CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WELLS, ALFRED W JR
Address: 4234 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: WELLS, MOSS S
Address: 3122-7 LEON ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: WHEELER, R. LAMAR JR
Address: 13842 SPARTANBURG CT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. AVERY

PRES

04/14/2004

Electronic Signature of Signing Officer or Director

Date