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

APPROVED AND FILED

95 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84385 (0)

1. Corporation Name

BARNETT BANK OF PINELLAS COUNTY

Principal Place of Business

200 CENTRAL AVE
19TH FLOOR
ST PETERSBURG FL 33701
US

Mailing Address

ATTN: ACCOUNTING - STEVE MICKA
1000 CENTURY PARK BOULEVARD
TAMPA FL 33607-8732

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1987

3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26: P. O. Box 30318

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28: Tampa, FL

Zip — 24

Country — 25

Zip — 29: 33630-3318

Country — 30: US

4. FEI Number: 59-0715528 — 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

NOT REQUIRED PURSUANT
TO CHAPTER 607.034 (2)
FLORIDA STATUTES FL

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

TITLE	CEO
NAME	ZAHORIAN, STEPHEN G
STREET ADDRESS	9040 WATER ASH LN
CITY-ST-ZIP	PINELLAS PK FL
TITLE	D
NAME	FRICK, RALPH G.
STREET ADDRESS	630 POINSETTIA ROAD
CITY-ST-ZIP	BELLEAIR FL
TITLE	D
NAME	GRIMES, A. GENE
STREET ADDRESS	1010 MONTICELLO BLVD NO
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	HARRISON, RICHARD D.
STREET ADDRESS	1 SEASIDE LN
CITY-ST-ZIP	BELLEAIR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☒ Change ☐ Addition
1.2 NAME	Sam A. Davis, II	
1.3 STREET ADDRESS	200 Central Avenue, 19th Floor	
1.4 CITY-ST-ZIP	St.Petersburg, FL 33701	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Coletti, Shirley D.	
5.3 STREET ADDRESS	14820 Rue de Bayonne #202	
5.4 CITY-ST-ZIP	Clearwater, FL 34620	
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	Hart, Mack V.	
6.3 STREET ADDRESS	915 Victoria Drive	
6.4 CITY-ST-ZIP	Dunedin, FL 34698	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0292000 CP