FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **J84385** **(0)**

1. Corporation Name

BARNETT BANK OF PINELLAS COUNTY

Principal Place of Business	Mailing Address
200 CENTRAL AVE 19TH FLOOR ST PETERSBURG FL 33701 US	P. O. BOX 30318 1000 CENTURY PARK BOULEVARD TAMPA FL 33630-3318 US

3. Date Incorporated or Qualified: **07/26/1987**
3a. Date of Last Report: **05/01/1995**

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

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, SAM A. II		1.2 NAME		
STREET ADDRESS	200 CENTRAL AVENUE, 19TH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRICK, RALPH G.		2.2 NAME		
STREET ADDRESS	630 POINSETTIA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, A. GENE		3.2 NAME		
STREET ADDRESS	1010 MONTICELLO BLVD NO		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, RICHARD D.		4.2 NAME		
STREET ADDRESS	1 SEASIDE LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COLETTI, SHIRLEY D		5.2 NAME	600001872316	
STREET ADDRESS	14820 RUE DE BAYONNE #202		5.3 STREET ADDRESS	-06/24/96--01015--015	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	***200.00	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HART, MACK V.		6.2 NAME		
STREET ADDRESS	915 VICTORIA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP		

6-96

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)(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.

SIGNATURE: _____ 4/29/96 892-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sam Davis

CR2E034 (12/95)