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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000043354 (7)**

1. Corporation Name

BARNETT BANK PREMISES COMPANY - LAS OLAS

Principal Place of Business	Mailing Address
9000 SOUTHSIDE BLVD BLDG 300 JACKSONVILLE FL 32256	50 N LAURA ST. ATTN: REG. RELATIONS JACKSONVILLE FL 32202 US

2. Principal Place of Business	2a. Mailing Address
21 50 North Laura Street	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Mail Code 099-000-1468	27
City & State	City & State
23 Jacksonville, FL	28
Zip / Country	Zip / Country
24 32202 / 25 USA	29 / 30

3. Date Incorporated or Qualified: 05/27/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3250811 ☐ 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

GRAF, JEFFREY K
9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Graf, Jeffrey K
82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
83 Mail Code 099-000-1468
84 City: Jacksonville, FL **FL** 85 Zip Code: 32202

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's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DAVID R JR. 50 N LAURA ST JACKSONVILLE FL 32202	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D, V Smith, David R Jr. 50 North Laura Street Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAF, JEFFREY K 9000 SOUTHSIDE BLVD JACKSONVILLE FL 32256	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D, V Graf, Jeffrey K 50 North Laura Street Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P Ghomeshi, Mehdi 50 North Laura Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V Schaller, Margaret P 1101 E. Atlantic Blvd. Pompano Beach, FL 33064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V Blankstein, Alan 801 E. Hallandale Beach Blvd. Hallandale, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V Akins, Roy 1000 Century Park Tampa, FL 33607	☐ Change ☒ Addition

CR2E034 (12/95)

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: _____ 3/28/96 791 5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #