

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043358 (8)

1. Corporation Name

BARNETT BANK PREMISES COMPANY - OAKLAND PARK

Principal Place of Business

9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

Mailing Address

50 N. LAURA STREET
ATTN: REG. RELATIONS
JACKSONVILLE FL 32202



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 32202	28	
Zip	Country	Zip	Country
24	32202	25	USA
29		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
05/27/1994	05/01/1995
4. FEI Number	Applied For
59-3250758	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
85	Zip Code	FL 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

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

(NOTE: Registered Agent signature required when making change)

DATE

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

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

3/28/96

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