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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000043358 (8)

1. Corporation Name

BARNETT BANK PREMISES COMPANY - OAKLAND PARK

Principal Place of Business
50 N LAURA ST
MAIL CODE 099 000 1468
JAX FL 32202
US

Mailing Address
50 N. LAURA STREET
ATTN: REG. RELATIONS
JACKSONVILLE FL 32202-3664



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1994		3a. Date of Last Report 04/12/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3250758		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GRAF, JEFFREY K 50 N LAURA ST MAIL CODE 099 999 1468 JAX FL 32202				10. Name and Address of New Registered Agent			
81. Name Gary W. England				82. Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street			
83. Mail Code 099-000-0907				84. City Jacksonville, 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: *Gary W. England* (NOTE: Registered Agent signature required when re-stating) DATE: 2-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID R JR.	1.2 NAME	
STREET ADDRESS	50 N LAURA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, JEFFREY K JR.	2.2 NAME	
STREET ADDRESS	50 N LAURA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHOMESHI, MEHDI	3.2 NAME	
STREET ADDRESS	50 N LAURA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALLER, MARGARET P	4.2 NAME	
STREET ADDRESS	1101 E ATLANTIC BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKSTEIN, ALAN	5.2 NAME	
STREET ADDRESS	801 E HALLANDALE BCH BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINS, ROY	6.2 NAME	
STREET ADDRESS	1000 CENTURY PK	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *David R. Smith* 2/7/97 904 791 5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)