

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

DOCUMENT # P94000043378

1. Corporation Name

BARNETT BANK PREMISES COMPANY - TAMARAC

Principal Place of Business

Mailing Address

9000 SOUTHSIDE BLVD.
BLDG. 300
JACKSONVILLE, FL 32256

50 N. LAURA ST.
ATTN: REG. RELATIONS
JACKSONVILLE, FL 32202

APPROVED
AND
FILED
95 JUN 26 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001524816
-06/27/95--01095--011
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/27/94			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3250770		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
24		25		29		30	

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, DAVID R., JR.
STREET ADDRESS 50 N LAURA ST
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME GRAF, JEFFREY K
STREET ADDRESS 9000 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REMITTED BY MAY 1

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 110.07(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 FILING OFFICER OR DIRECTOR
David R. Smith, Jr.

(904) 791-5004

Date

Daytime Phone #