

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # P94000043378 (6)

1. Corporation Name

BARNETT BANK PREMISES COMPANY - TAMARAC



Principal Place of Business

50 N LAURA ST
MAIL CODE 099 000 1488
JAX FL 32202
US

Mailing Address

50 N. LAURA ST.
ATN. REG. RELATIONS
JACKSONVILLE FL 32202-3664

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-3250770

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
50 N LAURA ST
MAIL CODE 099 000 1488
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 reinstating)

DATE

2-12-87

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DV	SMITH, DAVID R JR.	50 N LAURA ST	JACKSONVILLE FL	<input type="checkbox"/>
DV	GRAF, JEFFREY K	50 N LAURA ST	JAX FL	<input type="checkbox"/>
P	GHOMESHI, MEHDI	50 N LAURA ST	JAX FL	<input type="checkbox"/>
V	SCHALLER, MARGARET P	1101 E ATLANTIC BLVD	POMPANO BCH FL	<input checked="" type="checkbox"/>
V	BLANKSTEIN, ALAN	801 E HALLANDALE BCH BLVD	HALLANDALE FL	<input type="checkbox"/>
V	AKINS, ROY	1000 CENTURY PK	TAMPA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. SMITH JR.

Date

Daytime Phone #

2/7/97 904-791-5004

0029520

CR2E034 (9/96)