

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043386 (9)

1. Corporation Name

BARNETT BANK PREMISES COMPANY - WESTON



Principal Place of Business

9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

Mailing Address

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

3. Date Incorporated or Qualified
05/27/1994

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

4. FEI Number

59-3250774

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

2. Principal Place of Business

2a. Mailing Address

21 50 North Laura Street

26 Suite, Apt. #, etc.

22 Mail Code 099-000-1468

27 Suite, Apt. #, etc.

23 Jacksonville, FL

28 City & State

24 32202 25 USA

29 30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Graf, Jeffrey K.

82 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street, M/C 099001468

83

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

Signature, typed or printed name of registered agent and box # (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE D, V
1.2 NAME Smith, David R Jr.
1.3 STREET ADDRESS 50 N. Laura Street
1.4 CITY-ST-ZIP Jacksonville, FL 32202

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

2.1 TITLE D, V
2.2 NAME Graf, Jeffrey K
2.3 STREET ADDRESS 50 North Laura Street
2.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE P
3.2 NAME Ghomeshi, Mehdi
3.3 STREET ADDRESS 50 North Laura Street
3.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V
4.2 NAME Schaller, Margaret P
4.3 STREET ADDRESS 1101 E. Atlantic Blvd.
4.4 CITY-ST-ZIP Pompano Beach, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE V
5.2 NAME Blankstein, Alan
5.3 STREET ADDRESS 801 E. Hallandale Beach Blvd.
5.4 CITY-ST-ZIP Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE V
6.2 NAME Akins, Roy
6.3 STREET ADDRESS 1000 Century Park
6.4 CITY-ST-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

3/28/96 791 5039

CR2E034 (12/95)