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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 # P94000043386 (9)

1. Corporation Name
BARNETT BANK PREMISES COMPANY - WESTON



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

Mailing Address
**50 N LAURA ST.
ATTN: REG. RELATIONS
JACKSONVILLE FL 32202-3664
US**

3. Date Incorporated or Qualified
05/27/1994

3a. Date of Last Report
04/12/1996

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
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**GRAF, JEFFREY K
50 N LAURA ST M/C 099001468
BLDG 300
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* DATE **2-12-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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* DATE: **2-7-97** DAYTIME PHONE: **904 791 5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)