

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 # 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

2-12-97

DATE

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, Jr.

2-7-97

904 791 5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

0029452

CR2E034 (9/96)