FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000043412 (3)

1. Corporate Name

BARNETT BANK PREMISES COMPANY - BOCA LYONS

Principal Place of Business
9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

Mailing Address
9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

3. Date of Incorporation (Year) 05/27/1994

3a. Date of Last Report

4. FEI Number 59-3250784

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. The corporation has qualified for interpretive status under s. 199.032 Florida Statutes. ☒ Yes ☐ No

21. Street Address

22. Mailing Address

23. City, State

24. Zip 25. Country

26. Street Address: 50 N. LAURA ST.

27. Mailing Address: ATTN: REG. RELATIONS

28. City, State: JACKSONVILLE, FL

29. Zip: 32202 30. Country: USA

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 FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505 of the 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 and it is understood that the corporation's board of directors, upon the appointment of a registered agent, has taken action to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE

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

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the facts stated in this report are true. I am aware that false information submitted in a report filed with the Department of State pursuant to Chapter 607 of the Florida Statutes is punishable as provided in Section 817.155 Florida Statutes. I further certify that I am an officer or director of the corporation or other person authorized to execute this report pursuant to Section 607.0120(11)(b) Florida Statutes. I further certify that the corporation has paid all fees due the Department of State for this report, and that the name and address of the registered agent and office is accurate and complete.

SIGNATURE: 4/12/95 (904) 791-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Smith, Jr.

002(334) CP