**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 # **P94000043458 (6)**

1. Corporation Name

**BARNETT BANK PREMISES COMPANY - NORTH DALE MABRY**

| Principal Place of Business | Mailing Address |
|---|---|
| 9000 SOUTHSIDE BLVD<br>BLDG 300<br>JACKSONVILLE FL 32256 | 50 N. LAURA STREET<br>ATTEN: REG RELATIONS<br>JACKSONVILLE FL 32202<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 50 North Laura Street | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Mail Code 099-000-1468 | 27 |
| City & State | City & State |
| 23 Jacksonville, FL | 28 |
| Zip / Country | Zip / Country |
| 24 32202 / 25 USA | 29 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 05/27/1994 | 3a. Date of Last Report: 05/01/1995 |
| 4. FEI Number: 59-3250806 | ☐ 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
9000 SOUTHSIDE BLVD
BLDG 300
JACKSONVILLE FL 32256

**10. Name and Address of New Registered Agent**

81 Name: Graf, Jeffrey K
82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
83 Mail Code 099-000-1468
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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when filed alone)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, DAVID R JR.<br>50 N LAURA ST<br>JACKSONVILLE FL 32202 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D, V<br>Smith, David R Jr<br>50 North Laura STreet<br>Jacksonville, FL 32202 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRAF, JEFFREY K<br>9000 SOUTHSIDE BLVD<br>JACKSONVILLE FL 32256 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D,V<br>Graf, Jeffrey K<br>50 North Laura Street<br>Jacksonville, FL 32202 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | P<br>Ghomeshi, Mehdi<br>50 North Laura Street<br>Jacksonville, FL 32202 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | V<br>Schaller, Margaret P<br>1101 E. Atlantic Blvd.<br>Pompano Beach, FL 33064 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | V<br>Blankstein, Alan<br>801 E. Hallandale Beach Blvd.<br>Hallandale, FL 33009 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | V<br>Akins, Roy<br>1000 Century Park<br>Tampa, FL 33607 | ☐ Change ☒ Addition |

CR2E034 (12/95)

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:** _____ 3/28/96 791 5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #