

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 # P94000043458 (6)

1. Corporation Name

BARNETT BANK PREMISES COMPANY - NORTH DALE MABRY



Principal Place of Business

50 N LAURA ST  
MAIL CODE 099 000 1468  
JAX FL 32202  
US

Mailing Address

50 N. LAURA STREET  
ATTEN: REG RELATIONS  
JACKSONVILLE FL 32202-3664  
US

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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  
50 N LAURA STREET  
MAIL CODE 099 000 1468  
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)

DATE

2-12-97

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

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 the person 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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID R. SMITH, JR.

2/7/97

Date

Daytime Phone

904 791-5004

CR2E034 (9/96)