

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90018 001 *7,500.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000043462

1. Corporation Name
BARNETT BANK PREMISES COMPANY - BRICKELL



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| Principal Place of Business 50 NORTH LAURA STREET MAIL CODE 099-99-1468 JACKSONVILLE FL 32202 US | Mailing Address 50 N LAURA ST. ATTN: REG. RELATIONS JACKSONVILLE FL 32202 US |
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DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 401 N TRYON ST CHARLOTTE NC 28255 22 23 Zip Country 24 25 | 2a. Mailing Address 26 401 N TRYON ST CHARLOTTE NC 28255 27 28 Zip Country 29 30 |
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| 3. Date Incorporated or Qualified 05/27/1994 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-3250804 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent ENGLAND, GARY W 50 NORTH LAURA ST MAIL CODE 099-000-0907 JACKSONVILLE FL 32202 | |
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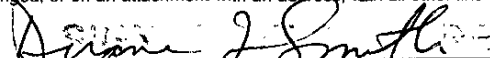
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DV <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, DAVID R JR. | 1.2 NAME | |
| STREET ADDRESS | 50 N LAURA ST | 1.3 STREET ADDRESS | 401 N TRYON ST |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | 1.4 CITY-ST-ZIP | CHARLOTTE NC 28255 |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAF, JEFFREY K | 2.2 NAME | |
| STREET ADDRESS | 9000 SOUTHSIDE BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | 2.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GHOMESHI, MEHDI | 3.2 NAME | |
| STREET ADDRESS | 50 N LAURA ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JAX FL 32202 | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLANKSTEIN, ALAN | 4.2 NAME | |
| STREET ADDRESS | 801 E HALLANDALE BCH BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH FL 33009 | 4.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AKINS, ROY | 5.2 NAME | VP Duane L. Smith |
| STREET ADDRESS | 1000 CENTURY PK | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:  **DUANE L. SMITH, VP** **4/ 23/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)