

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 # **P94000089668 (5)**
1. Corporation Name
BARNETT BANK PREMISES COMPANY - SERVICE CENTER



Principal Place of Business Mailing Address
50 N LAURA ST
11TH FL
JACKSONVILLE FL 32202-3638
50 N LAURA ST.
ATTN: REG. RELATIONS
JACKSONVILLE FL 32202
US

2. Principal Place of Business 2a. Mailing Address
21 **50 North Laura Street** 26 Suite, Apt. #, etc.
Suite, Apt. #, etc.
22 **Mail Code 099-000-1155** 27 City & State
City & State
23 **Jacksonville, FL** 28 Zip
Zip Country 29 **USA** 30 Country

3. Date Incorporated or Qualified **12/09/1994** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3308479** 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
BRIGGS, MICHAEL W
50 N LAURA ST
11TH FL
JACKSONVILLE FL 32202-3638
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☒ Change ☐ Addition
NAME **CD** **GRAF, JEFFREY K**
STREET ADDRESS **9000 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**
1.2 NAME **D, V**
1.3 STREET ADDRESS **Graf, Jeffrey K**
1.4 CITY-ST-ZIP **50 North Laura Street**
Jacksonville, FL 32202
TITLE ☐ DELETE 2.1 TITLE ☒ Change ☐ Addition
NAME **D** **SMITH, DAVID R JR.**
STREET ADDRESS **50 N LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202-3638**
2.2 NAME **Smith, David R Jr.**
2.3 STREET ADDRESS **50 North Laura Street**
2.4 CITY-ST-ZIP **Jacksonville, FL 32202**
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☒ Addition
NAME **P**
3.2 NAME **Ghomeshi, Mehdi**
3.3 STREET ADDRESS **50 North Laura Street**
3.4 CITY-ST-ZIP **Jacksonville, FL 32202**
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☒ Addition
NAME **V**
4.2 NAME **Schaller, Margaret P**
4.3 STREET ADDRESS **1101 E. Atlantic Blvd.**
4.4 CITY-ST-ZIP **Pompano Beach, FL. 33064**
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☒ Addition
NAME **V**
5.2 NAME **Blankstein, Alan**
5.3 STREET ADDRESS **801 E. Hallandale Beach Blvd.**
5.4 CITY-ST-ZIP **Hallandale, FL. 33009**
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☒ Addition
NAME **V**
6.2 NAME **Akins, Roy**
6.3 STREET ADDRESS **1000 Century Park**
6.4 CITY-ST-ZIP **Tampa, FL 33607**

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 Book 12 or Book 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 #

CR2E034 (12/95)