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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 # P94000089668 (5)

1. Corporation Name  
BARNETT BANK PREMISES COMPANY - SERVICE CENTER

Principal Place of Business  
50 N LAURA ST  
MAIL CODE 099 000 1155  
JAX FL 32202  
US

Mailing Address  
50 N LAURA ST.  
ATTN: REG. RELATIONS  
JACKSONVILLE FL 32202-3684  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1994		3a. Date of Last Report 04/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3308479		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BRIGGS, MICHAEL W 50 N LAURA ST 11TH FL JACKSONVILLE FL 32202-3638				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,	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 reinstalling) DATE: 2-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV GRAF, JEFFREY K	1.1 TITLE	
NAME	50 N LAURA ST	1.2 NAME	
STREET ADDRESS	JAX FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV SMITH, DAVID R JR.	2.1 TITLE	
NAME	50 N LAURA ST	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P GHOMESHI, MEHDI	3.1 TITLE	
NAME	50 N LAURA ST	3.2 NAME	
STREET ADDRESS	JAX FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V SCHALLER, MARGARET P	4.1 TITLE	
NAME	1101 E ATLANTIC BLVD	4.2 NAME	
STREET ADDRESS	POMPANO BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V BLANKSTEIN, ALAN	5.1 TITLE	
NAME	801 E HALLANDALE BCH BLVD	5.2 NAME	
STREET ADDRESS	HALLANDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V AKINS, ROY	6.1 TITLE	
NAME	1000 CENTURY PK	6.2 NAME	
STREET ADDRESS	TAMPA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *David R. Smith Jr.* DATE: 2/7/97 DAYTIME PHONE: 904 791 3004

CR2E034 (9/96)