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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089681 (8)**

1. Corporation Name
BARNETT BANK PREMISES COMPANY - IPC

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 32202-3664 US

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3306486 ☐ 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

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 Allen England DATE: 2-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (9/96)

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 Graf FILED 2-7-97 904-791-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #