

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 # P96000012979 (6)

1. Corporation Name

BARNETT MORTGAGE COMPANY

Principal Place of Business

Mailing Address

9000 SOUTHSIDE BLVD.  
BLDG. 700  
JACKSONVILLE FL

9000 SOUTHSIDE BLVD.  
BLDG. 700  
JACKSONVILLE FL 32256-0790

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

32202

USA

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

10. Name and Address of New Registered Agent

LUGAR, KAREN S  
9000 SOUTHSIDE BLVD.  
BLDG. 700  
JACKSONVILLE FL 32256

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

2-12-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEABROOK, FRANCIS G	
STREET ADDRESS	9000 SOUTHSIDE BLVD. BLDG 700	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONDELLO, JAMES F	
STREET ADDRESS	5875 N.W. 163RD ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHESON, STEPHEN B	
STREET ADDRESS	9000 SOUTHSIDE BLVD. BLDG. 700	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DOUGLAS K. FREEMAN	
13 STREET ADDRESS	50 N. LAURA STREET	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HUGH B. HASTON, III	
23 STREET ADDRESS	9000 SOUTHSIDE BLVD. BLDG. 700	
24 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WILLIAM M. ROSS	
33 STREET ADDRESS	9000 SOUTHSIDE BLVD. BLDG. 700	
34 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	FRANK COONAHAN	
43 STREET ADDRESS	9000 SOUTHSIDE BLVD. BLDG. 700	
44 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *[Signature]*  
FRANK COONAHAN, EVP AND DIRECTOR

2/11/97

(904) 987-3935

Date

Daytime Phone #

CR2E034 (9/96)