

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90726 006 ***150.00

DOCUMENT # P99000028638

1. Entity Name
THE JACKSONVILLE BANK



Principal Place of Business
**76 S. LAURA ST.
STE 104
JACKSONVILLE, FL 32202**

Mailing Address
**P O BOX 40466
JACKSONVILLE, FL 32203**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3571314

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHERYL L. WHALEN, EVP/CFO
THE JACKSONVILLE BANK
76 S. LAURA ST. SUITE 104
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, DENNIS M	
STREET ADDRESS	2709 OCEAN DR S	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTLIEB, MELVIN	
STREET ADDRESS	3028 FOREST CIR	
CITY-ST-ZIP	JACKSONVILLE, FL 322575620	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, SCOTT	
STREET ADDRESS	809 CHERRY GROVE ROAD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, R C	
STREET ADDRESS	160 PLANTATION CIRCLE S	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, JOHN W	
STREET ADDRESS	511 ANDERWOOD DR	
CITY-ST-ZIP	HERMITAGE, PA 16148	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTZ, JOHN R	
STREET ADDRESS	1823 SEMINOLE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"See Attachment"
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	105 Middleton Place
CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered:

SIGNATURE:

Cheryl L. Whalen, EVP/CFO

Cheryl L. Whalen EVP/CFO 04/29/04 (904) 421-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

54047691

2004 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT DOCUMENT # P99000028638

THE JACKSONVILLE BANK

OFFICERS AND DIRECTORS

TITLE D
NAME Healey, James M.
STREET ADDRESS 2507 South Ocean Drive
CITY-ST-ZIP Jacksonville Beach, Florida 32250-5942

TITLE D
NAME Kowkabany, John C.
STREET ADDRESS 110 Palm Place
CITY-ST-ZIP Neptune Beach, Florida 32266

TITLE D
NAME Kraft, Rudolph A.
STREET ADDRESS 1355 Moss Creek Drive
CITY-ST-ZIP Jacksonville, Florida 32225

TITLE D/P
NAME Pomar III, Gilbert J.
STREET ADDRESS 4957 Ortega Blvd.
CITY-ST-ZIP Jacksonville, Florida 32210

TITLE D
NAME Roller, Donald E.
STREET ADDRESS 1421 Ponte Vedra Blvd.
CITY-ST-ZIP Ponte Vedra Beach, Florida 32082

TITLE D/C
NAME Schwenck, Price W.
STREET ADDRESS 216 North Wind Court
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

Change of Address

TITLE D
NAME Spencer, Charles F.
STREET ADDRESS 590 Queens Harbour Blvd.
CITY-ST-ZIP Jacksonville, Florida 32225

TITLE D
NAME Tavar, Bennett A.
STREET ADDRESS 3076 Isser Lane
CITY-ST-ZIP Jacksonville, Florida 32257

TITLE V/S/T
NAME Whalen, Cheryl L.
STREET ADDRESS 407 Arthur Moore Drive
CITY-ST-ZIP Green Cove Springs, Florida 32043

TITLE D
NAME Winfield, M.D., Gary L.
STREET ADDRESS 1451 Beach Boulevard
CITY-ST-ZIP Atlantic Beach, Florida 32233