FILED

13 MAR 22 PM12:00

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000028638

1. Entity Name
THE JACKSONVILLE BANK

Principal Place of Business	Mailing Address
100 NORTH LAURA ST, STE 1000 JACKSONVILLE, FL 32202	100 NORTH LAURA ST, STE 1000 JACKSONVILLE, FL 32202

03142013 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3571314 ☐ Applied For ☐ Not Applicable

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
	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 _____ DATE
Signature required when changing registered agent (NOTE: New registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2013 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO SCHWENCK, PRICE W 100 N. LAURA STREET, SUITE 1000 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Chairman 300245992083 03/22/13--01028--016 **150.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP KENDALL, VALERIE A 100 N. LAURA STREET, SUITE 1000 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, Chief Financial Officer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, SCOTT M 100 N. LAURA STREET, SUITE 1000 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Chief Executive Officer Green, Stephen C. 100 N. Laura Street, Suite 1000 Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, COO, CCO Incandela, Margaret A. 100 N. Laura Street, Suite 1000 Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Valerie Kendall Valerie A. Kendall 3/15/13 vkendall@jaxbank.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E-MAIL ADDRESS

MAR 26 2013

A. DUNLAP