

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-10-2004 90029 023 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

DOCUMENT # F03000001411					
1. Entity Name BANK OF ALABAMA					
Principal Place of Business 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM AL 35209			Mailing Address 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM AL 35209		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 63-0698178	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 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	PD PUCKETT, W. DAN 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM AL 35209 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSH, CAROL W. 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM AL 35209 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEWITT, TERRENCE Y 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM AL 35209 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, STANLEY L 2700 CORPORATE DRIVE, SUITE 120 BIRMINGHAM AL 35242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, DAVE W II P.O. BOX 610130 BIRMINGHAM AL 35210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, H. BRADFORD P.O. BOX 100759 BIRMINGHAM AL 35210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHERSON, CHARLES K 2340 WOODCREST PLACE, SUITE 200 BIRMINGHAM AL 35209 ☐ 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 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: <u>CAROL W. MARSH</u> CAROL W. MARSH <u>1/28/04</u> <u>205-803-5842</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					