


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90005 038 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000000369**

1. Corporation Name  
**SYNOVUS SECURITIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1132 BROADWAY COLUMBUS GA 31902	Mailing Address P.O. BOX 2628 COLUMBUS GA 31902 US
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3. Date Incorporated or Qualified  
**01/14/1993**

2. Principal Place of Business 21 <b>1234 FIRST AVE</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>COLUMBUS, GA</b>	City & State 28
Zip 24 <b>31901</b>	Country 25 <b>MUSCORGEE</b>
Country 29	Country 30

4. FEI Number  
**58-1625031**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**LANGHORNE, JOHN**  
**400 W. GARDEN ST**  
**PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURTS, STEPHEN L JR</b> <b>ONE ARSENAL PLACE</b> <b>COLUMBUS GA 31901</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SEXTON, G. LEN III</b> <b>1132 BROADWAY</b> <b>COLUMBUS GA 31902</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SHINKLE, JOHN A</b> <b>1132 BROADWAY</b> <b>COLUMBUS GA 31902</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WALDEN, JOHN W</b> <b>1132 BROADWAY</b> <b>COLUMBUS GA 31902</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLANCHARD, JAMES H</b> <b>ONE ARSENAL PLACE</b> <b>COLUMBUS GA 31901</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YANCEY, JAMES D</b> <b>ONE ARSENAL PLACE</b> <b>COLUMBUS GA 31901</b> <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>WILLIAM G PERKINS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1234 1ST AVE</b> <b>COLUMBUS, GA 31901</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEXTON G. LEN III</b> <b>1234 1ST AVE</b> <b>COLUMBUS, GA 31901</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SHINKLE JOHN A</b> <b>1234 1ST AVE</b> <b>COLUMBUS, GA 31901</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WALDEN JOHN W.</b> <b>1234 1ST AVE</b> <b>COLUMBUS, GA 31901</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>A. DAN MALLARD</b> <b>1234 1ST AVE</b> <b>COLUMBUS, GA 31901</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PATRICIA L. WHIPPLE</b> <b>1234 1ST AVE</b> <b>COLUMBUS, GA 31901</b>

14. 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 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, with all other like empowered.

SIGNATURE: Patricia L. Whipple RECORDED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)