

FILE NOW: FILING FEE AFTER MAY 15: 150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 19 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **F9800003292**

1. Corporation Name
Colonial Asset Management, Inc.
AN AFFILIATE OF THE COLONIAL Banc Group, Inc.

Principal Place of Business Mailing Address
101 S1 Deerwood Pk. Blvd. One Commerce St.
Bldg. 300 Suite 100 Montgomery, AL 36104
Jacksonville, FL 32256 Attn: tax Dept.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
26		26		63-1204105		Not Applicable	
Suite, Apt., #, etc.		Suite, Apt., #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
27		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28		28		29		30	
Zip		Country		Zip		Country	
25		25		29		30	

9. Name and Address of Current Registered Agent
CT Corporation
660 E. Jefferson St.
Tallahassee, FL 32301

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Flake Dakten	1.2 NAME	
STREET ADDRESS	One Commerce St. Mtgy, AL 36104	1.3 STREET ADDRESS	500003314155-2
CITY-ST-ZIP	One Commerce St. Mtgy, AL 36104	1.4 CITY-ST-ZIP	-07/06/00-01004-011
TITLE	VP	2.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Moore	2.2 NAME	
STREET ADDRESS	One Commerce St. Mtgy, AL 36104	2.3 STREET ADDRESS	
CITY-ST-ZIP	One Commerce St. Mtgy, AL 36104	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Reimer	3.2 NAME	
STREET ADDRESS	One Commerce St. Mtgy, AL 36104	3.3 STREET ADDRESS	
CITY-ST-ZIP	One Commerce St. Mtgy, AL 36104	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE Frank Plummer

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