

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:04

DOCUMENT # P12314 (1)

1. Corporation Name
COLLAT, INC.

Principal Place of Business: 1900 CRESTWOOD BOULEVARD, BIRMINGHAM AL 35210
Mailing Address: 1900 CRESTWOOD BOULEVARD, BIRMINGHAM AL 35210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 63-0925198
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
ZIP: 29
Country: 30

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Signature (typed or printed name of registered agent and his or her address) (DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	RATLIFF, W.T., JR.
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY ST ZIP	BIRMINGHAM AL
TITLE	VD
NAME	RATLIFF, J.K.V.
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY ST ZIP	BIRMINGHAM AL
TITLE	V
NAME	DAVIS, P.E.
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY ST ZIP	BIRMINGHAM AL
TITLE	V
NAME	RATLIFF, J.K.V., JR.
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY ST ZIP	BIRMINGHAM AL
TITLE	S
NAME	CHAMBLEE, ANNA R.
STREET ADDRESS	1900 CRESTWOOD BOULEVARD
CITY ST ZIP	BIRMINGHAM AL
TITLE	VD
NAME	RATLIFF, WM. T., III
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY ST ZIP	BIRMINGHAM AL

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Couch, Robert M.
53 STREET ADDRESS	1900 Crestwood Boulevard
54 CITY ST ZIP	Birmingham, AL 35210
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or an attachment with an address.

SIGNATURE: *William T. Ratliff, III* William T. Ratliff, III 06/08/95 (205)951-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Type in Block 8)

CR2E034 (3/95)