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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P15167** **(0)**

1. Corporation Name

COMPASS FIDUCIARY SERVICES LTD., INC.

Principal Place of Business	Mailing Address
701 S. 32ND ST BIRMINGHAM AL 35233 US	701 SOUTH 20TH STREET P.O. BOX 10566, ACCOUNTING DIVISION BIRMINGHAM AL 35296

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 63-0959198 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	JONES, D. PAUL, JR.	12 NAME	MICHAEL E. MURRY
STREET ADDRESS	15 S. 20TH ST	13 STREET ADDRESS	701 S 32 STREET
CITY ST ZIP	BIRMINGHAM AL	14 CITY ST ZIP	BIRMINGHAM AL
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	POWELL, JERRY W.	22 NAME	
STREET ADDRESS	15 S. 20TH ST	23 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	24 CITY ST ZIP	
TITLE	D	31 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	BROCK, HARRY B.	32 NAME	D. PAUL JONES, JR.
STREET ADDRESS	15 S. 20TH ST	33 STREET ADDRESS	15 S 20 STREET
CITY ST ZIP	BIRMINGHAM AL	34 CITY ST ZIP	BIRMINGHAM AL
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HEGEL, GARRETT R.	42 NAME	
STREET ADDRESS	15 S. 20TH ST	43 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	44 CITY ST ZIP	
TITLE	AT	51 TITLE	☒ Change ☐ Addition
NAME	BEAN, MICHAEL	52 NAME	
STREET ADDRESS	15 S. 20TH ST.	53 STREET ADDRESS	701 S. 32 STREET
CITY ST ZIP	BIRMINGHAM AL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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: Michael A. Bean MICHAEL A. BEAN 4/4/95 205/558-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0468840 FP