

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15167

1. Corporation Name

COMPASS FIDUCIARY SERVICES LTD., INC.

Principal Place of Business

701 S. 32ND ST
BIRMINGHAM AL 35233
US

Mailing Address

701 SOUTH 20TH STREET
P.O. BOX 10566, ACCOUNTING DIVISION
BIRMINGHAM AL 35296

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90100 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
POWELL, JERRY W.
STREET ADDRESS 15 S. 20TH ST
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME D
JONES, D. PAUL J
STREET ADDRESS 15 S. 20TH ST
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME T
HEGEL, GARRETT R.
STREET ADDRESS 15 S. 20TH ST
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☒ DELETE

NAME AT
BEAN, MICHAEL
STREET ADDRESS 701 S. 32ND ST.
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME CAO
JOURNEY, TIMOTHY
1.3 STREET ADDRESS 701 S. 32ND ST
1.4 CITY-ST-ZIP BIRMINGHAM, AL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy Journey 4/28/99 205-558-5724

Date

Daytime Phone #

CR2E034 (1/98)