

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **018205 (5)**
1. Corporation Name
SOUTHTRUST BANK OF NORTHWEST FLORIDA



Principal Place of Business: **4393 LAFAYETTE ST P.O. DRAWER 819 MARIANNA FL 32446**
Mailing Address: **4393 LAFAYETTE ST P.O. DRAWER 819 MARIANNA FL 32446**

3. Date incorporated or Qualified: **12/28/1936** 3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-0242468** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
Lee Moncrief, Chairman/CEO
~~DUBOSE, TERRY~~
4393 LAFAYETTE ST MARIANNA FL 32446

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **800001778768**
83: **-04/12/96--01091--004**
84 City: *****200-00** 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 607.0506, Florida Statutes.

SIGNATURE: *Lee Moncrief Chairman & CEO*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	<input type="checkbox"/> DELETE	1.1 TITLE: Chairman/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WESTER, BILL		1.2 NAME: Lee Moncrief	
STREET ADDRESS: HIGHWAY 271 NORTH 4393 Lafayette St		1.3 STREET ADDRESS: 91 NW Racetrack Rd	
CITY-ST-ZIP: SNEADS FL		1.4 CITY-ST-ZIP: Ft Walton Beach, Florida 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VC	<input type="checkbox"/> DELETE	2.1 TITLE: Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MILTON, KATHY		2.2 NAME: Russell Enfinger	
STREET ADDRESS: 210 W LAFAYETTE STREET 4393 Lafayette St		2.3 STREET ADDRESS: 112 West 23rd Street Panama City, Fl 32402	
CITY-ST-ZIP: MARIANNA FL		2.4 CITY-ST-ZIP: Panama City, Fl 32402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	<input type="checkbox"/> DELETE	3.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KEITH, JOHN		3.2 NAME: John Keith	
STREET ADDRESS: ROUTE 5 BOX 55		3.3 STREET ADDRESS: 91 NW Racetrack Rd	
CITY-ST-ZIP: MARIANNA FL		3.4 CITY-ST-ZIP: Ft Walton Beach, Fl 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GRANT, EVELYN		4.2 NAME: Brian James	
STREET ADDRESS: 4905 DAVIS DR		4.3 STREET ADDRESS: 91 NW Racetrack Rd	
CITY-ST-ZIP: MARIANNA FL		4.4 CITY-ST-ZIP: Ft. Walton Beach, Fl 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CEO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DUBOSE, TERRY		5.2 NAME: Sylvia Driver	
STREET ADDRESS: 112 W 23 STR		5.3 STREET ADDRESS: 91 NW Racetrack Rd	
CITY-ST-ZIP: PANAMA CITY FL		5.4 CITY-ST-ZIP: Ft. Walton Beach, Fl 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: 	<input type="checkbox"/> DELETE	6.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: 		6.2 NAME: Ronnie Maddox	
STREET ADDRESS: 		6.3 STREET ADDRESS: 4393 Lafayette St	
CITY-ST-ZIP: 		6.4 CITY-ST-ZIP: Marianna, Fl 32446	

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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Disc. Pharm # **SC-41-12-96**

CR2E034 (12/95)