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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32446-3355
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3. Date Incorporated or Qualified 12/28/1936	3a. Date of Last Report 04/12/1996
4. FEI Number 59-0242468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MONCRIEF, LEE
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)	
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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTER, BILL	1.2 NAME	
STREET ADDRESS	4393 LAFAYETTE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON, KATHY	2.2 NAME	MADDOX, RONNIE
STREET ADDRESS	4393 LAFAYETTE ST	2.3 STREET ADDRESS	4393 LAFAYETTE STREET
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	MARIANNA, FLORIDA 32446
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, JOHN	3.2 NAME	SYLVIA DRIVER
STREET ADDRESS	91 NW RACETRACK RD	3.3 STREET ADDRESS	91 NW RACETRACK RD
CITY-ST-ZIP	FT WALTON BEACH FL 32547	3.4 CITY-ST-ZIP	FT WALTON BEACH, FLORIDA 32547
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCRIEF, LEE	4.2 NAME	
STREET ADDRESS	91 NW RACETRACK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	4.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENFINGER, RUSSELL	5.2 NAME	
STREET ADDRESS	91 NW RACETRACK RD	5.3 STREET ADDRESS	112 W 23rd STREET
CITY-ST-ZIP	FT WALTON BEACH FL 32547	5.4 CITY-ST-ZIP	PANAMA CITY, FLORIDA 32405
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, JOHN	6.2 NAME	STACK, JOHN
STREET ADDRESS	91 NW RACETRACK RD	6.3 STREET ADDRESS	91 NW RACETRACK RD
CITY-ST-ZIP	FT WALTON BEACH FL 32547	6.4 CITY-ST-ZIP	FT WALTON BEACH, FLORIDA 32547

14. I do 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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day, mo Phone: # _____

CR2E034 (9/96)