

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 225677 (4)
1. Corporation Name
REGIONS BANK OF FLORIDA



Principal Place of Business: **50 BEVERLY PARKWAY PENSACOLA FL 32505**
Mailing Address: **P.O. BOX 1448 MONTGOMERY AL 36102**

3. Date Incorporated or Qualified: **07/07/1959**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-0878613**
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 (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, EDWARD L. JR.
2 EGLIN PARKWAY
FORT WALTON BEACH FL 32549**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KING, EDWARD L. JR.(CEO)		1.2 NAME	
STREET ADDRESS: 47 INDIAN BAYOU DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: DESTIN FL		1.4 CITY-ST-ZIP	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRAYLOR, STEVE		2.2 NAME	
STREET ADDRESS: 4744 FRONTIER ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP: PACE FL		2.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FAUCETT, SAM		3.2 NAME	
STREET ADDRESS: 2222 8TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP: TUSCALOOSA AL		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DONALDSON, J. H		4.2 NAME	
STREET ADDRESS: 4697 BERKSHIRE RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP: MARIANNA FL		4.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRUCE, STANLEY		5.2 NAME	
STREET ADDRESS: 6201 DUNLIETH PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP: PENSACOLA FL		5.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ATES, LUTHER		6.2 NAME	
STREET ADDRESS: ROUTE 1 BOX 874-N		6.3 STREET ADDRESS	
CITY-ST-ZIP: DEFUNIAK SPRINGS FL 32433		6.4 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)(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: **W. Neil Turner** **W. Neil Turner** **4-23-96** **(334)832-8099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)