


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

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May 01 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 # **225677** (4)  
1. Corporation Name  
**REGIONS BANK OF FLORIDA**



Principal Place of Business <b>50 BEVERLY PARKWAY PENSACOLA FL 32505</b>	Mailing Address <b>P.O. BOX 1448 MONTGOMERY AL 36102-1448</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/07/1959</b>	3a. Date of Last Report <b>04/29/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-0878613</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KING, EDWARD L. JR. 2 EGLIN PARKWAY FORT WALTON BEACH FL 32549</b>		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			<b>FL</b> 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	<b>CO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, EDWARD L. JR.(CEO)</b>	1.2 NAME	
STREET ADDRESS	<b>47 INDIAN BAYOU DR.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DESTIN FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAYLOR, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>4744 FRONTIER ROAD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PACE FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAUCETT, SAM</b>	3.2 NAME	
STREET ADDRESS	<b>2222 9TH STREET</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TUSCALOOSA AL</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONALDSON, J. H</b>	4.2 NAME	
STREET ADDRESS	<b>4697 BERKSHIRE RD.</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MARIANNA FL</b>	4.4 CITY- ST- ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCE, STANLEY</b>	5.2 NAME	
STREET ADDRESS	<b>6201 DUNLIETH PLACE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PENSACOLA FL</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATES, LUTHER</b>	6.2 NAME	
STREET ADDRESS	<b>ROUTE 1 BOX 674-N</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	6.4 CITY- ST- ZIP	

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: *W. Neil Turner* **W. Neil Turner, Agent** 4-24-97 **834)832-8099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)