

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

FILED
May 01 1997 8:00am
Secretary of State

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| 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



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

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|--|--|
| 3. Date Incorporated or Qualified 07/07/1959 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 59-0878613 | Applied For <input type="checkbox"/> 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 State, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**KING, EDWARD L. JR.
2 EGLIN PARKWAY
FORT WALTON BEACH FL 32549**

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 | CO <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 9TH 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 674-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 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)