

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 270902 (0)

1. Corporation Name
BANK OF THE SOUTH

FILED
95 JAN 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4410 FAIRFIELD DRIVE
P.O. BOX 3228
PENSACOLA FL 32506**

Mailing Address
**PO BOX 3228
P.O. BOX 3228
PENSACOLA FL 32516
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/14/1963		01/24/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1050700		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	25	29	30	<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**CRONA, EARL L
4410 FAIRFIELD DR
PENSACOLA FL 32506**

B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)	FL	
B3			
B4	City		

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: *Earl L. Crona* **Earl L. Crona** 1/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	ROYALS, NANCY	1.2 NAME	Charles P. Woodbury
STREET ADDRESS	18 PORT ROYAL WAY	1.3 STREET ADDRESS	1056 Harbourview Circle
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	D	2.1 TITLE	SVPD
NAME	PHILLIPS, P.B.	2.2 NAME	Earl L. Crona
STREET ADDRESS	708 N 59TH AVE	2.3 STREET ADDRESS	926 Fairway Dr.
CITY-ST-ZIP	PENSACOLA, FL 00000	2.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	D	3.1 TITLE	VP&C
NAME	TUTTLE, M.H.	3.2 NAME	Rose Marie Tyrrell
STREET ADDRESS	1215 AZALEA TRACE	3.3 STREET ADDRESS	1077 Gerhardt Dr.
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	AC	4.1 TITLE	AVP
NAME	MACGREGOR, MARY	4.2 NAME	Nancy Nunnally
STREET ADDRESS	14710 GREGOR LANE	4.3 STREET ADDRESS	1016 Kearney Dr.
CITY-ST-ZIP	PENSACOLA, FL 00000	4.4 CITY-ST-ZIP	Pensacola, FL 32505
TITLE	D	5.1 TITLE	
NAME	DYSON, RAYMOND	5.2 NAME	
STREET ADDRESS	8608 FIRESTONE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	WOODBURY, CHARLES P. III	6.2 NAME	
STREET ADDRESS	123 BAYSHORE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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)(A), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rose Marie Tyrrell* 1/23/95 (904) 456-5722
 SIGNATURE AND TYPED (PRINTED) NAME OF FILING OFFICER OR DIRECTOR
Rose Marie Tyrrell, VP & Cashier