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**Jan 23 1996 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 270902 (0)

1. Corporation Name
BANK OF THE SOUTH



Principal Place of Business: **4410 FAIRFIELD DRIVE P.O. BOX 3228 PENSACOLA FL 32506**
Mailing Address: **P.O. BOX 3229 PENSACOLA FL 32516 US**

3. Date Incorporated or Qualified: **06/14/1963** 3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-1050700** Applied For: Not Applicable
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. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

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**

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: *Earl L. Crona* **Earl L. Crona** 1-16-95 (NOTE: Registered Agent Signature required when re-issuing) (DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VD	<input type="checkbox"/> DELETE
NAME: ROYALS, NANCY	
STREET ADDRESS: 18 PORT ROYAL WAY	
CITY-ST-ZIP: PENSACOLA, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: PHILLIPS, P.B.	
STREET ADDRESS: 708 N 59TH AVE	
CITY-ST-ZIP: PENSACOLA, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: TUTTLE, M.H.	
STREET ADDRESS: 1215 AZALEA TRACE	
CITY-ST-ZIP: PENSACOLA, FL 00000	
TITLE: AC	<input type="checkbox"/> DELETE
NAME: MACGREGOR, MARY	
STREET ADDRESS: 14710 GREGOR LANE	
CITY-ST-ZIP: PENSACOLA, FL 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: DYSON, RAYMOND	
STREET ADDRESS: 8808 FIRESTONE CIR	
CITY-ST-ZIP: CLERMONT FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: WOODBURY, CHARLES P. III	
STREET ADDRESS: 123 BAYSHORE	
CITY-ST-ZIP: PENSACOLA FL	

1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Charles P. Woodbury	
1.3 STREET ADDRESS: 1056 Harbourview Circle	
1.4 CITY-ST-ZIP: Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: SVPD	
2.2 NAME: Earl L. Crona	
2.3 STREET ADDRESS: 926 Fairway Drive	
2.4 CITY-ST-ZIP: Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: VP&C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Rose Marie Tyrrell	
3.3 STREET ADDRESS: 1077 Gerhardt Drive	
3.4 CITY-ST-ZIP: Pensacola, FL 32503	
4.1 TITLE: AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Nancy Nunnally	
4.3 STREET ADDRESS: 1016 Kearney Drive	
4.4 CITY-ST-ZIP: Pensacola, FL 32505	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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: *Rose Marie Tyrrell* **Rose Marie Tyrrell** 1/16/96 (904) 456-5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (TELEPHONE)

VP & Cashier

CR2E034 (12/95)