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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 397776 (6)

1. Corporation Name

WACHOVIA CORPORATION OF FLORIDA

Principal Place of Business

191 PEACHTREE STREET, NE
P. O. BOX 4148
ATLANTA GA 30303

Mailing Address

191 PEACHTREE STREET, NE
MAIL CODE GA-715
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/20/1972

3a. Date of Last Report
03/28/1994

4. FEI Number
59-1484781

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. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PRENDERGAST, JOSEPH G
STREET ADDRESS 191 PEACHTREE STREET, NE
CITY-ST-ZIP ATLANTA GE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME BOLAND, THOMAS E.
STREET ADDRESS 191 PEACHTREE ST, NE
CITY-ST-ZIP ATLANTA GA

2.1 TITLE V/D
2.2 NAME D. Gary Thompson
2.3 STREET ADDRESS 191 Peachtree Street, N.E.
2.4 CITY-ST-ZIP Atlanta, GA 30303

☒ Change ☐ Addition

TITLE T
NAME MARTIN, MICHAEL F
STREET ADDRESS 191 PEACHTREE ST, NE
CITY-ST-ZIP ATLANTA GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME RAY, MICHAEL E.
STREET ADDRESS 191 PEACHTREE ST, NE
CITY-ST-ZIP ATLANTA GA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AT
NAME WARE, HERBERT A.
STREET ADDRESS 191 PEACHTREE ST, NE
CITY-ST-ZIP ATLANTA GA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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(2)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Roy, Sec.

1-10-95

(404) 332-6661