

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Mailing Address

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

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

3. Date Incorporated or Qualified

03/20/1972

3a. Date of Last Report

01/25/1995

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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRENDERGAST, JOSEPH G	
STREET ADDRESS	191 PEACHTREE STREET, NE	
CITY - ST - ZIP	ATLANTA GE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, D. GARY	
STREET ADDRESS	191 PEACHTREE ST, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, MICHAEL F	
STREET ADDRESS	191 PEACHTREE ST, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAY, MICHAEL E.	
STREET ADDRESS	191 PEACHTREE ST, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WARE, HERBERT A.	
STREET ADDRESS	191 PEACHTREE ST, NE	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Prendergast, G. Joseph
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Atlanta, GA 30303
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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:

Michael E. Ray

1-16-96

(404) 332-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)