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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 30303-3637  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1972		3a. Date of Last Report 02/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 50-1484781		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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			
				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 \_\_\_\_\_ (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	1.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRENDERGAST, JOSEPH G		1.2 NAME	G. Joseph Prendergast			
STREET ADDRESS	191 PEACHTREE STREET, NE		1.3 STREET ADDRESS				
CITY - ST - ZIP	ATLANTA GE		1.4 CITY - ST - ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THOMPSON, D. GARY		2.2 NAME				
STREET ADDRESS	191 PEACHTREE ST, NE		2.3 STREET ADDRESS				
CITY - ST - ZIP	ATLANTA GA		2.4 CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, MICHAEL F		3.2 NAME				
STREET ADDRESS	191 PEACHTREE ST, NE		3.3 STREET ADDRESS				
CITY - ST - ZIP	ATLANTA GA		3.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAY, MICHAEL E.		4.2 NAME				
STREET ADDRESS	191 PEACHTREE ST, NE		4.3 STREET ADDRESS				
CITY - ST - ZIP	ATLANTA GA		4.4 CITY - ST - ZIP				
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WARE, HERBERT A.		5.2 NAME				
STREET ADDRESS	191 PEACHTREE ST, NE		5.3 STREET ADDRESS				
CITY - ST - ZIP	ATLANTA GA		5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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: Michael E. Ray, Secretary 1-7-97 (404) 332-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)