FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAR -9 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 482772 (1)

1. Corporation Name

~~RETIREMENT ACCOUNTS, INC.~~
AmSouth Retirement Services, Inc.

000001426290
-03/10/95--01039--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~663 N HAROLD AVE~~ 65 N. Orange Ave ~~PO BOX 3017~~ Orlando, FL ~~WINTER PARK FL 32790~~ 32801	~~663 N HAROLD AVE~~ P.O. Box 588001 ~~PO BOX 3017~~ Orlando, FL ~~WINTER PARK FL 32790~~ 32858

3. Date Incorporated or Qualified: 08/13/1975
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 59-1609927 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTMAN, JOHN R. ~~663 N HAROLD AVE~~ ~~WINTER PARK FL 32789~~	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 65 N. Orange Avenue 83: 84 City: Orlando, FL 85 Zip Code: 32801

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	CHRISTMAN, JOHN R	1.2 NAME		
STREET ADDRESS	4356 WATERMILL AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE		☒ Change ☐ Addition
NAME	HANSEN, RICHARD J.	2.2 NAME	Delete this person	
STREET ADDRESS	663 HAROLD AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	REED, JAMES W.	3.2 NAME		
STREET ADDRESS	65 N ORANGE AVENUE	3.3 STREET ADDRESS	Delete this person	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	MUSIELAK, VICTOR A.	4.2 NAME		
STREET ADDRESS	1035 ABELL CIRCLE	4.3 STREET ADDRESS	Delete this person	
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, CHRISTOPHER A	5.2 NAME		
STREET ADDRESS	663 HAROLD AVE	5.3 STREET ADDRESS	Delete this person	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	dels	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3-9	

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)(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: [signature] 2/24/95 (407) 246-8917
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0416474 FP