

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 482772 (1)

1. Corporation Name

AMSOUTH RETIREMENT SERVICES, INC.

Principal Place of Business

Mailing Address

65 N. ORANGE AVE.
ORLANDO FL 32801
US

P.O. BOX 588001
ORLANDO FL 32858
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified

08/13/1975

3a. Date of Last Report

03/09/1995

4. FET Number

59-1609927

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTMAN, JOHN R.
65 N. ORANGE AVE.
ORLANDO FL 32801

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

TITLE PSD ☐ DELETE

NAME CHRISTMAN, JOHN R.
STREET ADDRESS 4356 WATERMILL AVE.
CITY-ST-ZIP ORLANDO FL

TITLE V ☒ DELETE

NAME ROBERTS, CHRISTOPHER A
STREET ADDRESS 683 HAROLD AVE
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME JOHN R. CHRISTMAN
1.3 STREET ADDRESS 3300S.W. 34TH AVENUE
1.4 CITY-ST-ZIP OCALA, FLORIDA 34474

2.1 TITLE D/V ☒ Change ☐ Addition

2.2 NAME MICHAEL W. MCNAMEE
2.3 STREET ADDRESS 65 N ORANGE AVE
2.4 CITY-ST-ZIP ORLANDO, FLA 32801

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME LYNDIA A. KERN
3.3 STREET ADDRESS 1901 6TH AVENUE NORTH
3.4 CITY-ST-ZIP BIRMINGHAM, AL 35203

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME WILLIAM H. CAUGHRAN, JR.
4.3 STREET ADDRESS 1901 6TH AVENUE NORTH, SUITE 920
4.4 CITY-ST-ZIP BIRMINGHAM, ALABAMA 35203

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 900001835609
5.4 CITY-ST-ZIP -05/22/96--01117--028

6.1 TITLE ***400.00 ☐ Change ☐ 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: WILLIAM H. CAUGHRAN, JR. *William A Caughran* 4/30/96 205-326-4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)