

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90006 004 \*\*\*900.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 482772**

1. Corporation Name

**AMSOUTH RETIREMENT SERVICES, INC.**



Principal Place of Business 65 N. ORANGE AVE. ORLANDO FL 32801 US	Mailing Address P.O. BOX 589001 ORLANDO FL 32858 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/13/1975</b>	
21		26		4. FEI Number <b>59-1609927</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CHRISTMAN, JOHN R  
3300 SW 34TH AVENUE  
OCALA FL 34474**

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

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTMAN, JOHN R			1.2 NAME			
STREET ADDRESS	3300 S.W. 34TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALADO FL 34474			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNAMEE, MICHEAL W			2.2 NAME			
STREET ADDRESS	65 N. ORANGE AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDOPARK FL 32801			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERN, LYND A			3.2 NAME			
STREET ADDRESS	1901 6TH AVENUE NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35203			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAUGHRAN, WILLIAM H JR.			4.2 NAME	GORDAY, CARL L.		
STREET ADDRESS	1901 6TH AVENUE NORTH, SUITE 920			4.3 STREET ADDRESS	1901 6TH AVENUE NORTH, STE 920		
CITY-ST-ZIP	BIRMINGHAM FL 35203			4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35203		
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOVER, JOHN			5.2 NAME			
STREET ADDRESS	1901 6TH AVENUE NORTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL			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 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, with all other like empowered.

SIGNATURE:

*Carl L. Gorday*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

205/326/5183

Daytime Phone #

CR2E034 (11/98)