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FILED
May 01 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 # 816244 (8)
1. Corporation Name
REGIONS MORTGAGE, INC.



Principal Place of Business

Mailing Address

605 S. PERRY
P.O. BOX 669
MONTGOMERY AL 36104-5819
US

605 S. PERRY
P.O. BOX 669
MONTGOMERY AL 36104-5819

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1448

22 City & State

27 City & State
28 Montgomery, AL

23 Zip Country

29 36102-1448 30 Country

9. Name and Address of Current Registered Agent

PELHAM, PEGGY
6677 N. DAVIS HWY.
PENSACOLA FL 32504

3. Date Incorporated or Qualified
07/27/1962

3a. Date of Last Report
04/29/1996

4. FEI Number
63-0255533

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

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CCEO
HOLLEMAN, JOHN A.
STREET ADDRESS
6411 THISTLEWOOD CT.
CITY-ST-ZIP
MONTGOMERY AL

TITLE ☐ DELETE

NAME
D
HORSLEY, RICHARD D.
STREET ADDRESS
5451 PALOMINO TRL
CITY-ST-ZIP
BIRMINGHAM AL

TITLE ☐ DELETE

NAME
EVPT
WILSON, JOE B
STREET ADDRESS
213 DAVORS DR
CITY-ST-ZIP
MONTGOMERY AL

TITLE ☐ DELETE

NAME
D
MACKIN, STANLEY
STREET ADDRESS
4260 STONE RIVER RD
CITY-ST-ZIP
BIRMINGHAM AL

TITLE ☐ DELETE

NAME
D
FAUCETT, SAM P.
STREET ADDRESS
2222 9TH ST.
CITY-ST-ZIP
TUSCALOOSA AL

TITLE ☐ DELETE

NAME
EVPS
FLEEGL, JANET
STREET ADDRESS
929 CLOVERDALE RD.
CITY-ST-ZIP
MONTGOMERY AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 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: W Neil Turner Agent 4-24-97 13341837-8000

CR2E034 (9/96)