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FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816244 (8)

1. Corporation Name
REGIONS MORTGAGE, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 1448
MONTGOMERY AL 36104-5819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1962

4. FEI Number

63-0255533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PELHAM, PEGGY
6877 N. DAVIS HWY.
PENSACOLA FL 32504

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
President
Robert Goethe
605 S. Perry St
Montgomery, AL 36101

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

Handwritten signature

4-27-98 12341232-4099

CR2E034 (10/97)