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Apr 07 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 # 834587 (8)

1. Corporation Name
SOUTHTRUST MORTGAGE CORPORATION



Principal Place of Business

100 BROOKWOOD PL STE 300
P.O. BOX 532060
BIRMINGHAM AL 35209

Mailing Address

100 BROOKWOOD PL STE 300
P.O. BOX 532060
BIRMINGHAM AL 35209-6830

3. Date Incorporated or Qualified
06/30/1975

3a. Date of Last Report
04/22/1996

4. FEI Number
63-0692047

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	CEO	<input type="checkbox"/> DELETE
NAME	HAMILTON, LARRY	
STREET ADDRESS	100 BROOKWOOD PL STE 300	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	JOHNSON, HUGH A	
STREET ADDRESS	100 BROOKWOOD PL STE 300	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	REDDICK, CHRIS	
STREET ADDRESS	100 BROOKWOOD PL STE 300	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANDRA SCHIFANO	
STREET ADDRESS	100 BROOKWOOD PLACE STE 300	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OSWELL, JR. J	
STREET ADDRESS	100 BROOKWOOD PL STE 300	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	TILLY, WILLIAM H.	
STREET ADDRESS	100 BROOKWOOD PL STE 300	
CITY - ST - ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Christopher S. Reddick C00 3/28/97 (205) 254-8358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)