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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90270 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834587

1. Corporation Name

SOUTHTRUST MORTGAGE CORPORATION

Principal Place of Business
210 WILDWOOD PARKWAY
BIRMINGHAM AL 35209

Mailing Address
P.O. BOX 532060
BIRMINGHAM AL 35253-2060



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1975

4. FEI Number

63-0692047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	SANDRA SCHIFANO	
STREET ADDRESS	100 BROOKWOOD PLACE STE 300	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OSWELL, JR. J	
STREET ADDRESS	100 BROOKWOOD PL STE 300	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME	SEE ATTACHED LISTING	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAMILTON, LARRY	
1.3 STREET ADDRESS	210 WILDWOOD PARKWAY, SUITE 100	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL. 35209	
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	SR. VP & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REDDICK, CHRIS	
3.3 STREET ADDRESS	210 WILDWOOD PARKWAY, SUITE 100	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL. 35209	
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 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: *Christopher S. Reddick* CHRISTOPHER S. REDDICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(205) 667-8358

Daytime Phone #

CR2E034 (11/98)

0522377