

APPROPRIATE
FILES

06 JUN 16 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE

Signature of person to be released: _____

1967-1968

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO BARKSDALE, ARTHUR 201 E. PINE ST. ORLANDO FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LINDA GREEN - President ☒ Change ☐ Addition ONE COMMERCE ST MONTGOMERY, AL 36104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARNISH, HARLAN 27200 RIVERVIEW CENTER BONITA SPRINGS FL 34134	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHNSON, BETH - T ☒ Change ☐ Addition ONE COMMERCE ST MONTGOMERY, AL 36104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLEAFORD, MICHAEL 201 E. PINE ST ORLANDO FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700074416552 ☒ Change ☐ Addition 05/11/08--01007--002 **550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REIMER, DAVID ONE COMMERCE STREET MONTGOMERY AL 36104	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JOHNSON, NAN ONE COMMERCE STREET MONTGOMERY AL 36104	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOODY, SHERA ONE COMMERCE STREET MONTGOMERY AL 36104	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q248

Operating Expense 1

UN 16 2006 10:16 FR COLONIAL BANCGRUPP