

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 26 AM 9:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # F93000004198 (8)**  
1. Corporation Name  
**REGIONS FINANCIAL (DE), INC.**

Principal Place of Business      Mailing Address  
**P.O. BOX 10247  
BIRMINGHAM AL 35202**      **P.O. BOX 10247  
BIRMINGHAM AL 35202**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21      26 **P. O. Box 1448**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28 **Montgomery, AL**  
Zip      Country      Zip      Country  
24      25      29 **36102**      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/15/1993**      **05/01/1994**  
4. FEI Number      Applied For  
**63-1098861**      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 has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH 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      85 Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASKEW, WILLIAM E</b>	1.2 NAME	
STREET ADDRESS	<b>417 NORTH 20TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35202</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VAS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, VIRGINIA L</b>	2.2 NAME	
STREET ADDRESS	<b>417 NORTH 20TH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35202</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, L. BURTON III</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>417 NORTH 20TH STREET</b>	3.3 STREET ADDRESS	<b>W. Neil Turner</b>
CITY - ST - ZIP	<b>BIRMINGHAM AL 35202</b>	3.4 CITY - ST - ZIP	<b>44 First Alabama Plaza</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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      **W. Neil Turner, Treasurer**      4/19/95      (334) 832-8489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Daytime Phone #)