

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 1448
MONTGOMERY AL 36102
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

04/26/1995

4. FEI Number

63-1098861

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 FEI if applicable)

(NOTE: Registered Agent signature required when agent changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	ASKEW, WILLIAM E	417 NORTH 20TH STREET	BIRMINGHAM AL 35202	<input type="checkbox"/>
VAS	MARTIN, VIRGINIA L	417 NORTH 20TH STREET	BIRMINGHAM AL 35202	<input type="checkbox"/>
T	TURNER, W. NEIL	44 FIRST ALABAMA PLAZA	MONTGOMERY AL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<input type="checkbox"/>
1.2 NAME	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>
1.4 CITY - ST - ZIP	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>
2.4 CITY - ST - ZIP	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>
3.4 CITY - ST - ZIP	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>
4.4 CITY - ST - ZIP	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>
5.4 CITY - ST - ZIP	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>
6.4 CITY - ST - ZIP	<input type="checkbox"/>

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (334)832-8099
Date Date/Time Filed

CR2E034 (12/95)