

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004508 (8)

1. Corporation Name

SOUTHTRUST INVESTMENT SERVICES, INC.



Principal Place of Business

112 NORTH 20TH STREET  
6TH FL  
BIRMINGHAM AL 35203  
US

Mailing Address

P.O. BOX 2554  
BIRMINGHAM AL 35290

2. Principal Place of Business

21 112 North 20th Street

22 Suite, Apt. #, etc.

7th FL

City & State

23 Birmingham, AL

Zip

24 35203

County

25 Jefferson

2a. Mailing Address

26 P.O. Box 2554

27 Suite, Apt. #, etc.

City & State

28 Birmingham, AL

Zip

29 35290

County

30 Jefferson

3. Date incorporated or Qualified  
10/06/1993

3a. Date of Last Report  
04/27/1995

4. FEI Number

63-1099091

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

9. Name and Address of Current Registered Agent

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

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the applicable

2001. Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS                 | CITY - ST - ZIP   | <input checked="" type="checkbox"/> DELETE |
|-------|------------------|--------------------------------|-------------------|--------------------------------------------|
| PD    | PORTER, JOHN D.  | 112 NORTH 20TH STREET          | BIRMINGHAM AL     | <input checked="" type="checkbox"/>        |
| V     | COMER, THOMAS A. | 112 NORTH 20TH STREET          | BIRMINGHAM AL     | <input checked="" type="checkbox"/>        |
| VSD   | SEAS, PAULA A    | 112 NORTH 20TH STREET          | BIRMINGHAM AL     | <input checked="" type="checkbox"/>        |
| D     | BROWN, ROGER     | 420 NORTH 20TH STREET          | BIRMINGHAM AL     | <input type="checkbox"/>                   |
| D     | HENDERSON, BOB   | 112 NORTH 20TH STREET          | BIRMINGHAM AL     | <input type="checkbox"/>                   |
| V     | FARRELL, JEFFREY | 150 2ND AVENUE NORTH SUITE 300 | ST. PETERSBURG FL | <input checked="" type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE  | 2. NAME  | 3. STREET ADDRESS  | 4. CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|-----------|----------|--------------------|---------------------|------------------------------------------------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

KIMBERLY R. KUHN  
KIMBERLY R. KUHN, SECRETARY

205 -  
April 30, 1996 254-5070

CR2E034 (12/95)