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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004684 (7)

1. Corporation Name
SONAT VENTURES INC.



Principal Place of Business
1900 5TH AVENUE NORTH
BIRMINGHAM AL 35202

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 2563
BIRMINGHAM AL 35202-2563

3. Date Incorporated or Qualified 10/18/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Sign over, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUEHN, RONALD L JR	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY- ST- ZIP	BIRMINGHAM AL 35202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARKER, THOMAS W JR	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY- ST- ZIP	BIRMINGHAM AL 35202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOYLAN, JAMES E JR	
STREET ADDRESS	1900 5TH AVENUE N	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLMES, NORMAN G	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YARDLEY, JAMES C	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY- ST- ZIP	BIRMINGHAM AL 35202	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, R D	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY- ST- ZIP	BIRMINGHAM AL 35202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	HENDRICKSON, R.D.
6.4 CITY- ST- ZIP	1900 5th Avenue North Birmingham, AL 35203

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Barker Jr April 10, 1997 325-3835

Date

Daytime Phone #

CR2E034 (9/96)