

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

CORPORATION
ANNUAL REPORT
1995



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

APR 20 1995

95 MAY - 1 PM 5:53

FLORIDA

DOCUMENT # *F94000000423*

1. Corporation Name

COMPASS BANCSHARES, INC

Principal Place of Business

Mailing Address

*15 SOUTH 20 STREET
BIRMINGHAM AL 35233*

*P.O. BOX 10566
BIRMINGHAM AL 35296*

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>01/18/94</i>		3a. Date of Last Report <i>NONE</i>	
21	22. Suite, Apt #, etc.		26	4. FEI Number <i>63-0593897</i>		Applied For Not Applicable	
22	27. City & State		27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28. Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25. Country		25	7. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324*

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	B5 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>P/D</i>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>D. PAUL JONES, JR.</i>	12. NAME	
STREET ADDRESS	<i>15 S 20 STREET</i>	13. STREET ADDRESS	
CITY - ST - ZIP	<i>BIRMINGHAM AL 35233</i>	14. CITY - ST - ZIP	
TITLE	<i>CFO</i>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GARRETT R. HIGEL</i>	22. NAME	
STREET ADDRESS	<i>15 S. 20 STREET</i>	23. STREET ADDRESS	<i>800001482708</i>
CITY - ST - ZIP	<i>BIRMINGHAM AL 35233</i>	24. CITY - ST - ZIP	<i>-05/10/95--01071--004</i>
TITLE	<i>S</i>	25. CITY - ST - ZIP	<i>***200.00 ***200.00</i>
NAME	<i>TERRY W. ROWELL</i>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>15 S. 20 STREET</i>	32. NAME	
CITY - ST - ZIP	<i>BIRMINGHAM AL 35233</i>	33. STREET ADDRESS	
TITLE	<i>CHIEF PROTE. OFFICER</i>	34. CITY - ST - ZIP	
NAME	<i>MICHAEL A. BEAN</i>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>701 S 20 STREET</i>	42. NAME	
CITY - ST - ZIP	<i>BIRMINGHAM AL 35233</i>	43. STREET ADDRESS	
TITLE		44. CITY - ST - ZIP	
NAME		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52. NAME	
CITY - ST - ZIP		53. STREET ADDRESS	
TITLE		54. CITY - ST - ZIP	
NAME		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY - ST - ZIP		63. STREET ADDRESS	
		64. 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 in an attachment with an address.

SIGNATURE:

Michael A. Bean MICHAEL A. BEAN

5-1-95 205/558-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

JK