

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 # F94000006337 (9)

1. Corporation Name

~~SOUTHTRUST BANK OF MOBILE~~
SOUTHTRUST BANK OF ALABAMA, N.A.



Principal Place of Business

Mailing Address

**61 ST. JOSEPH ST.
MOBILE AL 36633**

**P.O. BOX 1508
MOBILE AL 36633**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WILBANKS, ROBERT S
112 W 23RD ST
PANAMA CITY FL 32402**

10. Name and Address of New Registered Agent

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

Robert S. Wilbanks

3-12-96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILBANKS, ROBERT S	
STREET ADDRESS	60 ST. JOSEPH ST.	
CITY-ST-ZIP	MOBILE AL 36602	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GRESHAM, JOHN	
STREET ADDRESS	60 ST. JOSEPH ST.	
CITY-ST-ZIP	MOBILE AL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RAY, ROBERT L III	
STREET ADDRESS	60 ST. JOSEPH ST.	
CITY-ST-ZIP	MOBILE AL 36602	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOOD, THEODORE	
STREET ADDRESS	61 ST JOSEPHS ST	
CITY-ST-ZIP	MOBILE AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHASTAIN, RICK L	
STREET ADDRESS	60 ST. JOSEPH ST.	
CITY-ST-ZIP	MOBILE AL 36602	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAVARD, FRANK D	
STREET ADDRESS	60 ST. JOSEPH ST.	
CITY-ST-ZIP	MOBILE AL 36602	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	61 St. Joseph St.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	61 St. Joseph St.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	61 St. Joseph St.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	61 St. Joseph St.
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P Cameron, Steve
6.3 STREET ADDRESS	61 St. Joseph St.
6.4 CITY-ST-ZIP	Mobile, AL 36602

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:

Robert S. Wilbanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (384) 431-9223
DATE DAYTIME PHONE #

CR2E034 (12/95)