

**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 # **F94532** (1)  
1. Corporation Name  
**SOUTHTRUST OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 7219 JACKSONVILLE FL 32238-7219**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

3. Date Incorporated or Qualified **08/13/1982** 3a. Date of Last Report **02/03/1995**  
4. FEI Number **59-2261388** 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**

**10. Name and Address of New Registered Agent**

**HUGHES, CHARLES E. JR.  
121 WEST FORSYTH ST  
JACKSONVILLE FL 32202**

81 Name **ROGER G. CLARKE**  
82 Street Address (P.O. Box Number is Not Acceptable) **1301 RIVERPLACE BOULEVARD, STE. 400**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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, Sections 607.0503, Florida Statutes.

SIGNATURE *Roger G. Clarke*  
Signature typed or printed name of registered agent and filer if applicable.

**ROGER G. CLARKE**  
Date: **March 21, 1996**

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>MURRAY, F. W.</b>	
STREET ADDRESS	<b>121 W FORSYTH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARNARD, A. D.</b>	
STREET ADDRESS	<b>121 W FORSYTH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAINER, J. W.</b>	
STREET ADDRESS	<b>121 W FORSYTH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, CHARLES E.</b>	
STREET ADDRESS	<b>121 W FORSYTH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MURRAY, F. W.</b>	
1.3 STREET ADDRESS	<b>1301 RIVERPLACE BOULEVARD</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<b>CPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHARLES E. HUGHES, JR.</b>	
4.3 STREET ADDRESS	<b>1301 RIVERPLACE BOULEVARD</b>	
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>VSTD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ROGER G. CLARKE</b>	
5.3 STREET ADDRESS	<b>1301 RIVERPLACE BOULEVARD</b>	
5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32207</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *Roger G. Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROGER G. CLARKE**  
Date: **2/16/96**

**(904) 798-6949**  
Original Phone #

CR2E034 (12/95)

*Handwritten initials and date: RGC 3/16/96*