

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # F96000000923 (0)

1. Corporation Name
MORGAN TRUST COMPANY

Principal Place of Business

50 N. FRONT ST
MEMPHIS TN 38103

Mailing Address

50 N. FRONT ST
MEMPHIS TN 38103-2126



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

4. FEI Number

62-1606702

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

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

Signature: type or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DEUPREE, WILLIAM W	
STREET ADDRESS	50 N. FRONT ST	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELLER, JOSEPH C	
STREET ADDRESS	50 N. FRONT ST	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MINNICK, DAVID M	
STREET ADDRESS	50 N. FRONT ST	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROWLEY, PATRICK D	
STREET ADDRESS	50 N. FRONT ST	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEALE, CHARLES A	
STREET ADDRESS	50 N. FRONT ST	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUCH, WALTER A III	
STREET ADDRESS	735 BROAD ST, SUITE 1004	
CITY-ST-ZIP	CHATTANOOGA TN 37402	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

Joseph C. Weller 4/10/97 (901)524-4100

Date

Daytime Phone #

CR2E034 (9/96)