


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

FILED  
May 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000001454 (5)</b> 1. Corporation Name <b>AMSOUTH BANK OF ALABAMA CORP.</b>					
Principal Place of Business <b>1800 5TH AVENUE NORTH BIRMINGHAM AL 35203</b>			Mailing Address <b>1800 5TH AVENUE NORTH BIRMINGHAM AL 35203-2610</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/21/1996</b> 3a. Date of Last Report <b>03/21/1996</b>	
4. FEI Number <b>63-0073530</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PCD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	RITTER, C D		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1900 AMSOUTH-SONAT		1.2 NAME		
CITY-STATE-ZIP	BIRMINGHAM AL		1.3 STREET ADDRESS		
			1.4 CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASTERS, DIANE S		2.2 NAME		
STREET ADDRESS	1900 AMSOUTH-SONAT		2.3 STREET ADDRESS		
CITY-STATE-ZIP	BIRMINGHAM AL		2.4 CITY-STATE-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDAK, KRISTEN M		3.2 NAME		
STREET ADDRESS	1900 AMSOUTH-SONAT		3.3 STREET ADDRESS		
CITY-STATE-ZIP	BIRMINGHAM AL		3.4 CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, MICHAEL C		4.2 NAME		
STREET ADDRESS	1901 6TH AVENUE NORTH		4.3 STREET ADDRESS		
CITY-STATE-ZIP	BIRMINGHAM AL		4.4 CITY-STATE-ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOODS, JOHN W		5.2 NAME	<b>AS WILLIAM H. CAUGHRAN, JR</b>	
STREET ADDRESS	1900 AMSOUTH-SONAT		5.3 STREET ADDRESS	<b>1901 6TH AVENUE NORTH</b>	
CITY-STATE-ZIP	BIRMINGHAM AL		5.4 CITY-STATE-ZIP	<b>BIRMINGHAM, AL 35203</b>	
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMONDS, DAVID B		6.2 NAME		
STREET ADDRESS	1901 6TH AVENUE NORTH		6.3 STREET ADDRESS		
CITY-STATE-ZIP	BIRMINGHAM AL		6.4 CITY-STATE-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: <u>William H. Caughran</u> <b>4-29-97 205-326-4940</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)