

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001812 (3)

1. Corporation Name
SECURITY MUTUAL FINANCIAL SERVICES, INC.



Principal Place of Business
100 CHASE PARK S SUITE 220
BIRMINGHAM AL 35244

Mailing Address
100 CHASE PARK S SUITE 220
BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2340 Woodcrest Place	26 2340 Woodcrest Place	63-1003680 63-1083680	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Suite 200	27 Suite 200	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
23 Birmingham, AL	28 Birmingham, AL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	<input type="checkbox"/>
24 35209	29 35209	8. This corporation owes or has paid the current year Intangible	
Country	Country	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 USA	30 USA		

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PUCKETT, W D	1.1 TITLE	PD
NAME	2817 OAKHILL RD	1.2 NAME	Puckett, WD
STREET ADDRESS	BIRMINGHAM AL 35223	1.3 STREET ADDRESS	2340 Woodcrest Place, Ste. 200
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Birmingham, AL 35209
TITLE	SD	2.1 TITLE	SD
NAME	BATTLES, DAVID C	2.2 NAME	Speegle, D. Timothy
STREET ADDRESS	3107 OVATION AVE	2.3 STREET ADDRESS	2340 Woodcrest Place, Ste. 200
CITY-ST-ZIP	BIRMINGHAM AL 35223	2.4 CITY-ST-ZIP	Birmingham, AL 35209
TITLE	TD	3.1 TITLE	TD
NAME	COOPER, JAMES JR	3.2 NAME	Cooper, James Jr.
STREET ADDRESS	28 HONEYSUCKLE LN	3.3 STREET ADDRESS	2340 Woodcrest Place, Ste. 200
CITY-ST-ZIP	BIRMINGHAM AL 35213	3.4 CITY-ST-ZIP	Birmingham, AL 35209
TITLE	V	4.1 TITLE	SVP
NAME	GOWEN, DON L SR	4.2 NAME	Gowen, Don L. Sr.
STREET ADDRESS	1310 CARFERO AVE SW	4.3 STREET ADDRESS	1310 Cantwell Ave. SW
CITY-ST-ZIP	DECATUR AL 35601	4.4 CITY-ST-ZIP	Decatur, AL 35601
TITLE	V	5.1 TITLE	SVP
NAME	ROGERS, ZACK III	5.2 NAME	Molde, David L.
STREET ADDRESS	5031 STRATFORD AV	5.3 STREET ADDRESS	2340 Woodcrest Place, Ste. 250
CITY-ST-ZIP	BIRMINGHAM AL 35247	5.4 CITY-ST-ZIP	Birmingham, AL 35209
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

DAVID L. MOLDE- SVP

04/02/98

(205) 803-5870

CR2E034 (10/97)