


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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90006 004 ***900.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003160
 1. Corporation Name
AMSOUTH BANK



Principal Place of Business AMSOUTH SONAT TOWER 1900 5TH AVENUE NORTH BIRMINGHAM AL 35203	Mailing Address LAW DEPARTMENT 1901 6TH AVENUE NORTH, SUITE 920 BIRMINGHAM AL 35203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 06/17/1997	4. FEI Number 63-0935103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, C. DOWD	1.2 NAME	
STREET ADDRESS	1900 5TH AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35203	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, J. HAROLD	2.2 NAME	
STREET ADDRESS	1 FOUNTAIN SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37402	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, JAMES E	3.2 NAME	
STREET ADDRESS	103 CONTINENTAL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, RODNEY C	4.2 NAME	
STREET ADDRESS	3700 OLD LEEDS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35213	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, DIANE	5.2 NAME	
STREET ADDRESS	1900 5TH AVENUE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35203	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUGHRAN, WILLIAM H JR	6.2 NAME	AS
STREET ADDRESS	1901 6TH AVE N., SUITE 920	6.3 STREET ADDRESS	GORDAY, CARL L.
CITY-ST-ZIP	BIRMINGHAM AL 35203	6.4 CITY-ST-ZIP	1901 6TH AVENUE NORTH, STE 920 BIRMINGHAM, AL 35203

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, with all other like empowered.

SIGNATURE: CAUGHRAN, WILLIAM H JR 4/29/99 205/326/5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)