

07-28-2005 90006 003 ***150.00
F97000003160

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F97000003160					
1. Entity Name AMSOUTH BANK					
Principal Place of Business AMSOUTH SONAT TOWER 1900 5TH AVENUE NORTH BIRMINGHAM, AL 35203			Mailing Address LAW DEPARTMENT 1900 5TH AVENUE NORTH, 10 FLOOR BIRMINGHAM, AL 35203		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RITTER, C. DOWD		NAME		
STREET ADDRESS	1900 5TH AVENUE NORTH		STREET ADDRESS		
CITY- ST- ZIP	BIRMINGHAM, AL 35203		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAVENPORT, EARNEST		NAME		
STREET ADDRESS	PO BOX 431		STREET ADDRESS		
CITY- ST- ZIP	KINGSPORT, TN 37652		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM, MARTHA		NAME		
STREET ADDRESS	4400 HARDING RD		STREET ADDRESS		
CITY- ST- ZIP	NASHVILLE, TN 7205		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, RODNEY C		NAME		
STREET ADDRESS	2 PEACH BLOSSOM SQ		STREET ADDRESS		
CITY- ST- ZIP	NASHVILLE, TN 37205		CITY- ST- ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YODER, STEPHEN A		NAME	John D. Buchanan	
STREET ADDRESS	1901 6TH AVE N, STE. #9203		STREET ADDRESS	1900 Fifth Avenue North, 10th Floor	
CITY- ST- ZIP	BIRMINGHAM, AL 35203		CITY- ST- ZIP	Birmingham, AL 35203	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDAY, CARL L		NAME		
STREET ADDRESS	4901 6TH AVE N, SUITE 020		STREET ADDRESS	1900 Fifth Avenue North, 10th Floor	
CITY- ST- ZIP	BIRMINGHAM, AL 35203		CITY- ST- ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kenue J. Welch</u> 7/14/2005 615-748-2532					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					