SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003442 (7) 1. Corporation Name

COLONIAL	BANK					
Principal Place of Business POST OFFICE BOX 1108 MONTGOMERY AL 36101		Mailing Addres	s			
		POST OFFICE BOX 1108 MONTGOMERY AL 36101				
2. Principal Place of Business		2a. Mailing Add	Iress			
21	21		26			
Suite, Apt. #, etc.		Suite, Apt. a	#, etc.			
22		27				
City & State		City & State				
23		[28]				
Zip	Country	Zip	Country			
24	25	29	30			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

FILED Jul 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

63-0015320

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

7/10/99

Trust Fund Contribution

06/30/1997 4. FEI Number

PLANTATION FL 33324			62	82 Street Address (P.O. Box Number is Not Acceptable)					
FUN	TARION FE 33324		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 registored agent and this if applicatio (NOTE: 12. OFFICERS AND DIRECTORS			E: Registered Agent algorature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	CPD	DELETE	1.1 TITLE		Chairmen and LEO, Director	Change Addition			
NAME	LOWDER, ROBERT E	E.J DECETE	1.2 NAME		Louder, Robert E.	EST Cliange [] Addition			
STREET ADDRESS	ONE COMMERCE ST.		1.3 STREET AD	IDDESC	one conneces St.				
CITY-ST-ZIP	MONTGOMERY AL 36104		1.4 CITY-ST-ZI		Mentzimery AL 31104				
TITLE	V	DELETE	2.1 TITLE		Provident	Change Addition			
NAME	BOOZER, YOUNG J III	L DECUTE	2.2 NAME	1	McLerd, P.L.	Citatige Z Audikon			
STREET ADDRESS	ONE COMMERCE ST.		23 STREET AD	DRESS	One Commerce St				
CITY-ST-ZIP	MONTGOMERY AL 36104		2 4 CITY ST-ZI		montgomery, AL 36104				
TITLE	S	DELETE	3.1 TITLE			Change Addition			
NAME	PIEL, DONNA R	B. Beccie	3.2 NAME	İ		CT change CT market			
STREET ADDRESS	ONE COMMERCE ST.		3,3 STREET AD	DRESS					
CITY-ST-ZIP	MONTGOMERY AL 36104		3.4 CITY-ST-ZI	_P]					
TITLE	T	DELETE	4.1 TITLE		CFO and Secretary	Change Addition			
NAME	OAKLEY, W. FLAKE IV		4.2 NAME		Oakly, W. Flake IV				
STREET ADDRESS	ONE COMMERCE ST.		4.3 STREET AD	DRESS	one commerce str				
CITY-ST-ZIP	MONTGOMERY AL 36104		4.4 CITY-ST-ZI	P	montgomery, AL 36104				
TITLE	D	DELETE	5.1 TITLE			Change Addition			
NAME	ROPER, FRANCIS E		5.2 NAME			-			
STREET ADDRESS	320 SOUTH PINE ST.		5.3 STREET AD	DRESS					
CITY-ST-ZIP	FLORENCE AL 35630		5.4 CITY-ST-ZI	P					
TITLE	D	DECETE	6.1 TITLE			Change Addition			
NAME	GUILLOT, ROBERT E		6.2 NAME)					
STREET ADDRESS	ONE COMMERCE ST.		6.3 STREET AD	DRESS					
CITY-ST-ZIP	MONTGOMERY AL 36104		6.4 CITY-ST-ZII		l				
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 par address.									

Name