

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90037 007 ***158.75

904244



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000002310

1. Entity Name
SOUTHTRUST INSURANCE, INC.

Principal Place of Business Mailing Address
3500 MAIN ST. **3500 MAIN ST.**
ADAMSVILLE AL 35005 **ADAMSVILLE AL 35005-2204**

2. Principal Place of Business 3. Mailing Address
400 Chase Park South, #303
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Birmingham, AL
 Zip Country Zip Country
35244 **U.S.A.**

4. FEI Number **63-1122063** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HURT, DON L	
STREET ADDRESS	3500 MAIN ST.	
CITY-ST-ZIP	ADAMSVILLE AL 35005	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	KUHN, KIM	
STREET ADDRESS	3500 MAIN ST.	
CITY-ST-ZIP	ADAMSVILLE AL 35005	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WHITCOMB, JOHN M	
STREET ADDRESS	3500 MAIN ST.	
CITY-ST-ZIP	ADAMSVILLE AL 35005	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUNT, MITCH	
STREET ADDRESS	3500 MAIN ST.	
CITY-ST-ZIP	ADAMSVILLE AL 35005	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norris, John L.	
STREET ADDRESS	3500 Main Street	
CITY-ST-ZIP	Adamsville, AL 35005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Bank Officer	
NAME	Hurt, Don L.	
STREET ADDRESS	3500 Main Street	
CITY-ST-ZIP	Adamsville, AL 35005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *John L. Norris* **JOHN L. NORRIS** 1/11/00 2054024505
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)