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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **F98000003292** ✓
1. Corporation Name

Colonia Asset Management, INC.

AN AFFILIATE OF THE COLONIAL BANC GROUP, INC.

Principal Place of Business
**10151 Deerwood Pk. Blvd.
Bldg. 360 Suite 100
Jacksonville, FL 32256**

Mailing Address
**One Commerce St.
Montgomery, AL 36104
Attn: Ashley Moon**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/98

4. FEI Number

63-1204105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C.T. Corporation
660 E. Jefferson St.
Tallahassee, FL 32301**

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

TITLE **President** ☐ DELETE
NAME **Ablin Jack**
STREET ADDRESS **P.O. Box 551139**
CITY-ST-ZIP **Jacksonville, FL 32255-1139**

TITLE **Vice President** ☐ DELETE
NAME **Moore, Sarah H.**
STREET ADDRESS **One Commerce St.**
CITY-ST-ZIP **Montgomery, AL 36104**

TITLE **Secretary** ☐ DELETE
NAME **Oakley, Flake W. IV.**
STREET ADDRESS **One Commerce St.**
CITY-ST-ZIP **Montgomery, AL 36104**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP Reimer David**
4.3 STREET ADDRESS **One Commerce St.**
4.4 CITY-ST-ZIP **Montgomery AL 36104**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E034 (10/97)