

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
2001



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

FILED

01 APR -6 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003292

1. Corporation Name

COLONIAL ASSET MANAGEMENT, INC.  
AN AFFILIATE OF THE COLONIAL BANCROUP, INC

Principal Place of Business

Mailing Address

10151 DEERWOOD PARK BLVD.  
JACKSONVILLE, FL 32236

ONE COMMERCE STREET,  
MONTGOMERY, AL 36104

ATTN: tax department

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

63-1204105

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION

660 E. JEFFERSON STREET,

TALLAHASSEE, FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/CEO ☐ DELETE  
NAME ROBERT E. LOWDER  
STREET ADDRESS ONE COMMERCE ST., MONTGOMERY, AL  
CITY-ST-ZIP 36104

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
900003963429-1  
-04/09/01--01004--021  
\*\*\*\*900.00 \*\*\*\*150.00

TITLE CHIEF FINANCIAL OFFICER ☐ DELETE  
NAME FLAKE OAKLEY  
STREET ADDRESS ONE COMMERCE STREET, MONTGOMERY,  
CITY-ST-ZIP AL 36104

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

TITLE VICE PRESIDENT- TAX ☐ DELETE  
NAME DAVID REIMER  
STREET ADDRESS ONE COMMERCE STREET, MONTGOMERY,  
CITY-ST-ZIP AL 36104

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE

3/9/01.