

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P12314 (1)

1. Corporation Name  
COLLAT, INC.

Principal Place of Business  
1900 CRESTWOOD BOULEVARD.  
BIRMINGHAM AL 35210

Mailing Address  
1900 CRESTWOOD BOULEVARD.  
BIRMINGHAM AL 35210-2051



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Attn: Licensing  
City & State

28 Zip Country

3. Date Incorporated or Qualified  
11/26/1986

3a. Date of Last Report  
05/01/1996

4. FEI Number

63-0925198

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 (type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	RATLIFF, W.T., JR.	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RATLIFF, J.K.V.	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	STONE, CHERYL R	
STREET ADDRESS	1900 CRESTWOOD BOULEVARD.	
CITY - ST - ZIP	BIRMINGHAM AL 35210	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOWE, HOPE	
STREET ADDRESS	1900 CRESTWOOD BOULEVARD.	
CITY - ST - ZIP	BIRMINGHAM AL 35210	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COUCH, ROBERT M	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RATLIFF, WM. T., III	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY - ST - ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

*Cheryl R. Stone*

Cheryl R. Stone

4/24/97

(205) 951-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)