

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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P16524** (1)

1. Corporation Name  
**AMSOUTH INVESTMENT SERVICES, INC.**



Principal Place of Business <b>1901 - 6TH AVE., N. 15TH FLOOR BIRMINGHAM AL 35203 US</b>	Mailing Address <b>P. O. BOX 830329 BIRMINGHAM AL 35283 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 250 RIVERCHASE PKWY E Suite, Apt. #, etc.</b>	2a. Mailing Address <b>26 SAME</b>
<b>22 4TH FLOOR</b> City & State	<b>27</b> City & State
<b>23 HOOPER, AL</b> Zip	<b>28</b> City & State
<b>24 35244</b> Country <b>25 USA</b>	<b>29</b> Zip <b>30</b> Country

3. Date Incorporated or Qualified <b>10/26/1987</b>	4. FEI Number <b>63-0885514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KYTE, BARRY JAY, SR.  
70 NORTH BAYLEN STREET  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	DP	<input type="checkbox"/> DELETE
NAME	<b>YERSIN, LINCOLN</b>	
STREET ADDRESS	<b>250 PKWY EAST</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	<b>TUCKER, CLARK</b>	
STREET ADDRESS	<b>1901 - 6TH AVE., N.</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, SLOAN D IV</b>	
STREET ADDRESS	<b>1901 - 6TH AVE., N.</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, CANDICE</b>	
STREET ADDRESS	<b>1901 - 6TH AVE., N.</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BAKER, MICHAEL</b>	
STREET ADDRESS	<b>1901 - 6TH AVE., N.</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	VCOO	<input type="checkbox"/> DELETE
NAME	<b>GUERIN, JOAN</b>	
STREET ADDRESS	<b>1901 6TH AVE N</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>CFO</b>
23 STREET ADDRESS	<b>NOAH ZECHER</b>
24 CITY-ST-ZIP	<b>250 RIVERCHASE PKWY E</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>CFO/COO</b>
63 STREET ADDRESS	<b>GUERIN, JOAN</b>
64 CITY-ST-ZIP	<b>250 RIVERCHASE PKWY E</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: *[Signature]* 2/21/98 (205) 510-7530

CR2E034 (10/97)