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Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90012 035 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16524** ✓

1. Corporation Name

AMSOUTH INVESTMENT SERVICES, INC.

Principal Place of Business

**250 RIVERCHASE PKWY E
4TH FLOOR
HOOVER AL 35244
US**

Mailing Address

**SAME
BIRMINGHAM AL 35283
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1987

4. FEI Number

63-0885514

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip Country

29 **30**

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

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	YERSIN, LINCOLN	
STREET ADDRESS	250 PKWY EAST	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ZECHER, NOAH	
STREET ADDRESS	250 RIVERCHASE PKWY E	
CITY-ST-ZIP	HOOVER AL 35244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBSON, SLOAN D IV	
STREET ADDRESS	1901 - 6TH AVE., N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, CANDICE	
STREET ADDRESS	1901 - 6TH AVE., N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, MICHAEL	
STREET ADDRESS	1901 - 6TH AVE., N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	GUERIN, JOAN	
STREET ADDRESS	250 RIVERCHASE PKWY E	
CITY-ST-ZIP	HOOVER AL 35244	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C, D, P, CEO
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 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, with all other like empowered.

SIGNATURE:

JOAN GUERIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/99 **(205) 560-7518**
Date Daytime Phone #

CR2E034 (11/98)