

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20018 (8)
 1. Corporation Name
SOUTHTRUST SECURITIES, INC.



Principal Place of Business 112 N. 20TH STREET 7TH FLOOR BIRMINGHAM AL 35203	Mailing Address 112 N. 20TH STREET 7TH FLOOR BIRMINGHAM AL 35203-3651
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1988		3a. Date of Last Report 01/31/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0913711		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDGINS, JAMES D.	1.2 NAME	
STREET ADDRESS	112 N. 20TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM AL	1.4 CITY- ST- ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN, DARCY	2.2 NAME	Lianne Hand
STREET ADDRESS	112 N. 20TH STREET	2.3 STREET ADDRESS	112 N 20th St., 7th Floord
CITY- ST- ZIP	BIRMINGHAM AL	2.4 CITY- ST- ZIP	Birmingham, AL 35203
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALL, JAMES T JR.	3.2 NAME	Richard S. White, Jr.
STREET ADDRESS	112 NORTH 20TH STREET	3.3 STREET ADDRESS	420 N 20th St.
CITY- ST- ZIP	BIRMINGHAM AL	3.4 CITY- ST- ZIP	Birmingham, AL 35203
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, MICHAEL	4.2 NAME	James W. Rainer, Jr.
STREET ADDRESS	112 N 20TH ST., 7TH FLOOR	4.3 STREET ADDRESS	420 N 20th St.
CITY- ST- ZIP	BIRMINGHAM AL	4.4 CITY- ST- ZIP	Birmingham, AL 35203
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOTHER, AL	5.2 NAME	Morris Benners
STREET ADDRESS	420 N 20TH ST	5.3 STREET ADDRESS	112 N 20th St.
CITY- ST- ZIP	BIRMINGHAM AL	5.4 CITY- ST- ZIP	Birmingham, AL 35203
TITLE	CEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JOHN D.	6.2 NAME	
STREET ADDRESS	112 N 20TH ST., 7TH FLOOR	6.3 STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM AL	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: James Thomas Wall, Jr. 4/23/97 205-254-5321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)