

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

19963-19-96 B- 7481 C

DOCUMENT # P30864 (3)

1. Corporation Name  
**SOUTHTRUST DATA SERVICES, INC.**



Principal Place of Business: 420 NORTH 20TH STREET BIRMINGHAM AL 35203  
Mailing Address: 6434 FIRST AVE. NORTH BIRMINGHAM AL 35212

3. Date Incorporated or Qualified: 09/11/1990  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
22 City & State: 23  
24 Zip: 25  
2a. Mailing Address: 26 200 Wildwood Parkway  
27 Suite, Apt. #, etc.  
28 City & State: 28 Homewood, Alabama  
29 Zip: 30 35209  
30 Country: USA

4. FEI Number: 63-0649688  
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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	MURRELL, CHARLES	
STREET ADDRESS	420 N. 20TH STREET	
CITY - ST - ZIP	BIRMINGHAM AL 35203	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YOTHER, ALTON	
STREET ADDRESS	420 N. 20TH STREET	
CITY - ST - ZIP	BIRMINGHAM AL 35203	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MURRAY, F. W., JR.	
STREET ADDRESS	420 N. 20TH STREET	
CITY - ST - ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANTON, JULIAN W.	
STREET ADDRESS	420 N. 20TH STREET	
CITY - ST - ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSON, WILLIAM E., JR.	
STREET ADDRESS	420 N. 20TH STREET	
CITY - ST - ZIP	BIRMINGHAM AL 35203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Charles M Murrell* Charles M Murrell 2/20/96 (205) 667-5191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)