

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:40

DOCUMENT # P31121 (7)  
1. Corporation Name  
COLLATERAL AGENCY, INC.

Principal Place of Business Mailing Address  
517 DEERING STREET 517 DEERING STREET  
BIRMINGHAM, 35210-2034 BIRMINGHAM, 35210-2034

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/28/1990 06/15/1994  
4. FEI Number Applied For  
63-6007227 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 agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

| 12. OFFICERS AND DIRECTORS |                          |
|----------------------------|--------------------------|
| TITLE                      | PTD                      |
| NAME                       | RATLIFF, W. T., JR.      |
| STREET ADDRESS             | 1900 CRESTWOOD BLVD.     |
| CITY - ST - ZIP            | BIRMINGHAM AL            |
| TITLE                      | VD                       |
| NAME                       | RATLIFF, WILLIAM T., III |
| STREET ADDRESS             | 1900 CRESTWOOD BLVD.     |
| CITY - ST - ZIP            | BIRMINGHAM AL            |
| TITLE                      | S                        |
| NAME                       | CHAMBLEE, ANNA REBECCA   |
| STREET ADDRESS             | 1900 CRESTWOOD BLVD      |
| CITY - ST - ZIP            | BIRMINGHAM AL            |
| TITLE                      | D                        |
| NAME                       | RATLIFF, J. K. V.        |
| STREET ADDRESS             | 1900 CRESTWOOD BLVD.     |
| CITY - ST - ZIP            | BIRMINGHAM AL            |
| TITLE                      | V                        |
| NAME                       | DAVIS, P. E.             |
| STREET ADDRESS             | 1900 CRESTWOOD BLVD.     |
| CITY - ST - ZIP            | BIRMINGHAM AL            |
| TITLE                      | V                        |
| NAME                       | MCLAUGHLIN, T. H., JR.   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), 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: *Anna R. Chamblee* Anna R. Chamblee 01-16-95 205/951-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Filing #