

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000094203
1. Corporation Name

COMPASS BANK

Principal Place of Business

Mailing Address

76 S. LAURA STREET
JACKSONVILLE FL 32202

P.O. BOX 10566
BIRMINGHAM AL 35296

APPROVED
AND
FILED

95 MAY -1 PM 5:53

TALLAHASSEE, FLORIDA

400001482714

-05/10/95--01071--006

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

12-31-94

N/A

4. FEI Number

59-3073062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

N/A

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D
NAME	BYRD WILLIAMS
STREET ADDRESS	155 20 STREET
CITY, ST, ZIP	BIRMINGHAM AL 35233
TITLE	S
NAME	JERRY W POWELL
STREET ADDRESS	155 20 STREET
CITY, ST, ZIP	BIRMINGHAM AL 35233
TITLE	CONTROLLER
NAME	MICHAEL A. BEAN
STREET ADDRESS	701 S 30 STREET
CITY, ST, ZIP	BIRMINGHAM AL 35233
TITLE	D
NAME	DAVID N WRIGHT
STREET ADDRESS	3671 HIGGINS RD
CITY, ST, ZIP	MOBILE AL 36619
TITLE	D
NAME	ARTHUR SIMPSON
STREET ADDRESS	10023 BELLE RIVE BLVD
CITY, ST, ZIP	JACKSONVILLE FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

Michael A. Bean

MICHAEL A. BEAN

5/1/95 2:05/558-5410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE