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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073165 (9)

1. Corporation Name
AMSOUTH INSURANCE AGENCY, INC.



Principal Place of Business
100 NORTH TAMPA STREET
34TH FLOOR
TAMPA FL 33601

Mailing Address
100 NORTH TAMPA STREET
34TH FLOOR
TAMPA FL 33602-5842

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-3358720

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MCCULLEY, THOMAS M	1.1 TITLE	D
NAME	100 NORTH TAMPA STREET	1.2 NAME	CHARLETT, KERRY P.
STREET ADDRESS	TAMPA FL 33601	1.3 STREET ADDRESS	100 NORTH TAMPA STREET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33602
TITLE	P NONREGARD, JAMES	2.1 TITLE	
NAME	100 NORTH TAMPA STREET	2.2 NAME	
STREET ADDRESS	TAMPA FL 33601	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S HOPPER, JOHN W.	3.1 TITLE	
NAME	1901 6TH AVENUE NORTH SUITE 920	3.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35203	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS SEFTON, JOHN	4.1 TITLE	
NAME	200 LAURA STREET	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32202	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____
Signature typed or printed name of signing officer or director
4/29/97 205-581-7468
Asst. Secretary
Date Daytime Phone #

CR2E034 (9/96)