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FILED

Jun 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000073165 (9)

1. Corporation Name

AMSOUTH INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

100 NORTH TAMPA STREET  
34TH FLOOR  
TAMPA FL 33601

100 NORTH TAMPA STREET  
34TH FLOOR  
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/20/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE 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 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 below of each individual and the registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CHARLETT, KERRY P	
STREET ADDRESS	100 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	DELETE
NAME	NONREGARD, JAMES	
STREET ADDRESS	100 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	S	DELETE
NAME	HOPPER, JOHN W.	
STREET ADDRESS	1901 6TH AVENUE NORTH SUITE 920	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	AS	DELETE
NAME	SEFTON, JOHN	
STREET ADDRESS	200 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	KENDALL, VALERIE A		
1.3 STREET ADDRESS	100 NORTH TAMPA STREET, #3400		
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 36602	Change	Addition
2.1 TITLE	P	Change	Addition
2.2 NAME	SANDERSON, SCOTT		
2.3 STREET ADDRESS	13535 FEATHERSOUND DRIVE		
2.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 34622	Change	Addition
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		Change	Addition
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		Change	Addition
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		Change	Addition
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		Change	Addition

14. I 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

CR2E034 (10/97)