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**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90052 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 004902

1. Corporation Name  
**SUNTRUST BANK, NORTH CENTRAL FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 203 E SILVER SPRINGS BLVD  
 POST OFFICE BOX 310  
 Ocala FL 34478  
 US

Mailing Address  
 203 E SILVER SPRINGS BLVD  
 POST OFFICE BOX 310  
 Ocala FL 34478  
 US

3. Date Incorporated or Qualified  
**12/20/1910**

4. FEI Number  
**59-0202470**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**MARSHALL, LEE**  
 203 E SILVER SPRINGS BLVD  
 Ocala FL 34470

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEOD <input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM H
STREET ADDRESS	P O BOX 310 N/A
CITY-ST-ZIP	OCALA FL 10
TITLE	PD <input type="checkbox"/> DELETE
NAME	SPROULL, JAMES E JR.
STREET ADDRESS	P O BOX 310 N/A
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMY O
STREET ADDRESS	P O BOX 2848 N/A
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CURRY, CRAIG
STREET ADDRESS	47 SW 17TH ST
CITY-ST-ZIP	OCALA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RAY, WILLIAM B
STREET ADDRESS	1331 SE 5TH STREET
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANKLIN, BEN O III
STREET ADDRESS	P O BOX 275 N/A
CITY-ST-ZIP	MICANOPY FL

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 checked="" type="checkbox"/> Addition
5.2 NAME	D O'Farrell, J. Michael Jr.
5.3 STREET ADDRESS	PO Box 818
5.4 CITY-ST-ZIP	Ocala, FL
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 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, with all other like empowered.

SIGNATURE: *[Signature]* 01/28/99 (850) 368-6293  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)