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102

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H96311 (6)**

1. Corporation Name  
**SUNTRUST BANK, TAMPA BAY**



Principal Place of Business: **401 EAST JACKSON STREET TAMPA FL**  
Mailing Address: **401 EAST JACKSON STREET TAMPA FL**

3. Date Incorporated or Qualified: **01/27/1986**  
3a. Date of Last Report: **04/11/1995**

21. Principal Place of Business <b>401 East Jackson Street</b> Suite, Apt. #, etc. <b>20th Floor</b> City & State: <b>Tampa, FL</b> Zip <b>33602</b>	22. Mailing Address <b>P. O. Box 3303</b> Suite, Apt. #, etc. <b>M/C 4200</b> City & State: <b>Tampa, FL</b> Zip <b>33601-3303</b>	23. Country <b>Hillsborough</b>	24. Country <b>Hillsborough</b>	4. FEI Number <b>59-2606930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent  
**MULDER, C. J.**  
**315 E. MADISON STREET, STE 808**  
**TAMPA FL 33601**

10. Name and Address of New Registered Agent  
81 Name: **Thomas A. Mann, II**  
82 Street Address (P.O. Box Number is Not Acceptable): **401 E. Jackson St. - 10th Floor**  
83 Mail Code: **4103**  
84 City: **Tampa**  
85 Zip Code: **FL 33602**

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: *Thomas A. Mann, II* DATE: **4/22/96**

12. OFFICERS AND DIRECTORS

TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>CASON, WARREN M.</b>	STREET ADDRESS: <b>934 GOLFVIEW TAMPA FL</b>
TITLE: <b>CD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>KOEHN, GEORGE W.</b>	STREET ADDRESS: <b>315 E MADISON ST. TAMPA FL</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>COLSON, WENDELL H.</b>	STREET ADDRESS: <b>200 S. ORANGE AVE. ORLANDO FL</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>WILSEY, GEORGE F.</b>	STREET ADDRESS: <b>275 4TH ST. N. ST. PETERSBURG FL</b>
TITLE: <b>S</b> <input type="checkbox"/> DELETE	NAME: <b>KUGELMANN, PETER</b>	STREET ADDRESS: <b>10319 RAINBRIDGE DR. RIVERVIEW FL</b>
TITLE: <input type="checkbox"/> DELETE	NAME: <i>I see attached</i>	STREET ADDRESS: <i>I see attached</i>

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: <b>CD</b>
2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: <b>Carl F. Mentzer</b>	2.3 STREET ADDRESS: <b>401 E. Jackson St., M/C 4200</b>	2.4 CITY-ST-ZIP: <b>Tampa, FL 33602</b>
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: <b>500001797455</b>	4.3 STREET ADDRESS: <b>-04/29/96--01020--024</b>	4.4 CITY-ST-ZIP: <b>***200.00</b>
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 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: *Peter Kugelmann* DATE: **4/22/96** TELEPHONE: **813 224 2508**

CR2E034 (12/95)

SUNTRUST BANK, TAMPA BAY

OFFICERS

12/31/95

Carl F. Mentzer  
Thomas G. Kuntz  
Graham G. Anderson  
Charles M. Britton  
Fred O. Dobbins  
John J. Howley  
Kevin H. Kilgannon  
Peter Kugelmann  
Robert W. Olson

Chairman and Chief Executive Officer  
President and Chief Operating Officer  
Executive Vice President  
Executive Vice President  
Executive Vice President  
Exec. Vice Pres/Sr. Trust Officer  
Executive Vice President  
Sr. Vice President/Cashier, Secretary  
Sr. Vice President/Chief Financial Officer

Address for all officers:

401 E. Jackson St., Tampa, Fl 33602

DIRECTORS

Girard F. Anderson  
Dr. Peter H. Armacost  
Richard W. Cope  
Fred M. Hirons, III  
Theodore J. Hoepner  
Richard Korpan  
Thomas G. Kuntz  
Walter I. Larson

Carl F. Mentzer – Chairman  
James L. Redman  
Lance C. Ringhaver  
Bruce A. Samson  
Harry E. Teasley, Jr.  
J. Hulon Williams, III  
George F. Wilsey

Address for all directors:

401 E. Jackson St., Tampa, Fl 33602