

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H96311 (6)**  
 1. Corporation Name  
**SUNTRUST BANK, TAMPA BAY**



Principal Place of Business <b>401 EAST JACKSON STREET                  20TH FLOOR                  TAMPA FL 33602</b>	Mailing Address <b>PO BOX 3303                  M C 4200                  TAMPA FL 33601-3303</b>
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3. Date Incorporated or Qualified <b>01/27/1986</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-2806930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**MANN, THOMAS A II  
 401 E. JACKSON ST.  
 10TH FLOOR MAIL CODE 4103  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	CD	<input type="checkbox"/> DELETE
NAME	MENTZER, CARL F	
STREET ADDRESS	401 E JACKSON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSEY, GEORGE F.	
STREET ADDRESS	275 4TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUGELMANN, PETER	
STREET ADDRESS	10319 RAINBRIDGE DR.	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	See attached	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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:  DATE: 1-31-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

**SUNTRUST BANK, TAMPA BAY**  
**12/31/96**

**OFFICERS:**

Carl F. Mentzer	Chairman and Chief Executive Officer
Thomas G. Kuntz	President and Chief Operating Officer
Graham G. Anderson	Executive Vice President
Fred O. Dobbins	Executive Vice President
Paul J. Hanna	Executive Vice Pres./Sr. Trust Officer
Kevin H. Kilgannon	Executive Vice President
Peter Kugelmann	Sr. Vice President/Cashier, Secretary
Robert W. Olson	Sr. Vice President/Chief Financial Officer

Address for all officers: 401 E. Jackson St., Tampa, FL 33602

**DIRECTORS:**

Girard F. Anderson	Carl F. Mentzer, Chairman
Dr. Peter H. Armacost	James L. Redman
James R. Harper	Lance C. Ringhaver
Fred M. Hirons, III	Bruce A. Samson
Theodore J. Hoepner	Harry E. Teasley, Jr.
Richard Korpan	J. Hulon Williams, III
Thomas G. Kuntz	George F. Wilsey
Walter I. Larson	

Address for all directors: 401 E. Jackson St., Tampa, FL 33602