

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000000368 (8)**  
 1. Corporation Name  
**SUNTRUST BANK, SOUTHWEST FLORIDA**



Principal Place of Business <b>12730 NEW BRITTANY BLVD. FORT MYERS FL</b>	Mailing Address <b>P.O. BOX 3454 FORT MYERS FL 33918 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12751 New Brittany Blvd</b>	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip <b>33907</b>	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>01/04/1994</b>	
4. FEI Number <b>59-2232983</b>	Applied For <input type="checkbox"/> 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>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Not Required.**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

EXISTING OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRBY, LYNN A</b>	1.2 NAME	
STREET ADDRESS	<b>4924 EDITH ESPLANADE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEIERS, GORDON D</b>	2.2 NAME	
STREET ADDRESS	<b>7076 OVERLOOK DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JAMES W</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 350</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ESTERO FL 33928-0350</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZEL, JOSEPH C</b>	4.2 NAME	
STREET ADDRESS	<b>9838 RED REEF CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)

*Handwritten signatures and dates at the bottom of the page.*

**12. Listing of Directors**

**Director**

Robert T. Benson, Jr.  
1015 Galleon Drive  
Naples, Fl 34102

**Director/ President & COO**

Kevin C. Hale  
27142 Floosmoor Drive  
Bonita Springs, Fl 34135

**Director/Chairman & CEO**

Charles K. Idelson  
13792 Pine Villa Lane  
Ft. Myers, Fl 33912

**Director**

Lynn A. Kirby  
4923 Edith Esplanade  
Cape Coral, Fl 33904

**Director**

Gordon D. Meiers  
7076 Overlook Drive  
Ft. Myers, Fl 33919

**Director**

James W. Moore  
P.O. Box 350  
Estero, Fl 33928-0350

**Director**

Donald P. Ricci, Sr.  
840 Copeland Drive  
Marco Island, Fl 34145

