

FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
1. Corporation Name
SunTrust Annuities, Inc.

P95000092955

Principal Place of Business
**200 South Orange Avenue
Orlando, FL 32801**

Mailing Address
**P.O. Box 2848
Mail Center 2103
Orlando, FL 32802**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3350422	3a. Date of Last Report April, 1996
21. State Apt # etc	26. State Apt # etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 194.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Janet C. Thorpe
200 South Orange Avenue
Mail Code 2103
Orlando, Florida 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500002152595**
-04/23/97--01100--007
84 City *****165.00** **85** **FL** **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 agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as the new registered agent, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent's signature required when transferring

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> CHANGE
NAME		1. NAME	P/D
STREET ADDRESS		1. STREET ADDRESS	Hunting F. Deutsch
CITY, ST, ZIP		1. CITY, ST, ZIP	200 South Orange Avenue Orlando, Florida 32801
TITLE	<input type="checkbox"/> DELETE	2. TITLE	S
NAME		2. NAME	Joseph M. Urban
STREET ADDRESS		2. STREET ADDRESS	25 Park Place
CITY, ST, ZIP		2. CITY, ST, ZIP	Atlanta, Georgia 30303
TITLE	<input type="checkbox"/> DELETE	3. TITLE	First V
NAME		3. NAME	Oren Garcia del Busto
STREET ADDRESS		3. STREET ADDRESS	200 South Orange Avenue
CITY, ST, ZIP		3. CITY, ST, ZIP	Orlando, Florida 32801
TITLE	<input type="checkbox"/> DELETE	4. TITLE	T
NAME		4. NAME	Todd Bowers
STREET ADDRESS		4. STREET ADDRESS	200 South Orange Avenue
CITY, ST, ZIP		4. CITY, ST, ZIP	Orlando, Florida 32801
TITLE	<input type="checkbox"/> DELETE	5. TITLE	D
NAME		5. NAME	R. Walter Hale
STREET ADDRESS		5. STREET ADDRESS	201 Fourth Avenue North
CITY, ST, ZIP		5. CITY, ST, ZIP	Nashville, Tennessee 37219
TITLE	<input type="checkbox"/> DELETE	6. TITLE	D
NAME		6. NAME	William J. Hearn
STREET ADDRESS		6. STREET ADDRESS	303 Peachtree Street, N.E.
CITY, ST, ZIP		6. CITY, ST, ZIP	Atlanta, Georgia 30308

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 contained in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of any 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 the information appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Joseph M Urban* **Joseph M Urban** *4/16/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR