

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000053890

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**5810487601CC**

**Entity Name:** TMI TRUST COMPANY

**Current Principal Place of Business:**

1715 N. WESTSHORE BOULEVARD  
SUITE 750  
TAMPA, FL 33607

**Current Mailing Address:**

1715 N. WESTSHORE BOULEVARD  
SUITE 750  
TAMPA, FL 33607

**FEI Number:** 56-2075834

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RHEIN, MARK  
1715 N. WESTSHORE BOULEVARD  
SUITE 750  
TAMPA, FL 33607 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MARK RHEIN

02/13/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD  
Name GUTHRIE, ANTHONY  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title CHIEF EXECUTIVE OFFICER  
Name EASON, STEVEN  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title CHIEF FINANCIAL OFFICER  
Name GEORGE, DEBORAH  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT SALEM TRUST DIVISION  
Name RHEIN, MARK  
Address 1715 N. WESTSHORE BOULEVARD  
SUITE 750  
City-State-Zip: TAMPA FL 33607

Title SVP, ASSISTANT SECRETARY  
Name ROOKER, GIL  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title CHIEF RISK OFFICER  
Name CONTINO, DINAH  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title CHIEF LEGAL OFFICER  
Name FINLEY, ROBERT  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT TMI TRUST DIVISION  
Name GILLESPIE, DENNIS  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GIL ROOKER

**SVP, ASSISTANT  
SECRETARY**

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF OPERATING OFFICER  
Name TEEVAN, CHRISTOPHER  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name MAXWELL, JAMES  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name CURCIO, RICHARD  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name JONES, BRYANT  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name BUCK, DANNY  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name YOUNGBLOOD, BENJAMIN III  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR  
Name CURTIS, WARD  
Address 1100 ABERNATHY ROAD  
SUITE 480  
City-State-Zip: ATLANTA GA 30328