

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **004902 (3)**
1. Corporation Name
SUNTRUST BANK, NORTH CENTRAL FLORIDA



Principal Place of Business: **203 E SILVER SPRINGS BLVD POST OFFICE BOX 310 OCALA FL 34478 US**
Mailing Address: **203 E SILVER SPRINGS BLVD POST OFFICE BOX 310 OCALA FL 34478 US**

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

3. Date Incorporated or Qualified: **12/20/1910**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-0202470** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CROSBY, KEITH
203 E. SILVER SPRINGS BLVD.
OCALA FL 32670**

10. Name and Address of New Registered Agent
81 Name: **David R. Denyer**
82 Street Address (P.O. Box Number is Not Acceptable): **203 E. Silver Springs Blvd.**
83
84 City: **Ocala** FL 85 Zip Code: **34470**

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: **David R. Denyer, S.V.P. & C.F.O.** *David R. Denyer* **1/18/94**
(Signature, typed or printed name of signatory and date required when filing by mail)

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM J	
STREET ADDRESS	POST OFFICE BOX 310	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPROULL, JAMES E JR.	
STREET ADDRESS	POST OFFICE BOX 310	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMY O	
STREET ADDRESS	POST OFFICE BOX 2848	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JERNIGAN, JAMES R	
STREET ADDRESS	2017 SE 8TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAY, WILLIAM B	
STREET ADDRESS	1331 SE 5TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, BEN O III	
STREET ADDRESS	POST OFFICE BOX 275	
CITY-ST-ZIP	MICANOPY FL	

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 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: *David R. Denyer* **1/18/94** **901-368-6293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)

SUNTRUST BANK, NORTH CENTRAL FLORIDA
1996 BOARD OF DIRECTORS
PREFERRED MAILING ADDRESSES

Mr. Edward O. Baur
10416 NW 18th Avenue
Gainesville, FL 32606

Mr. Scottie Butler
5521 SW 35th Way
Gainesville, FL 32608

Mr. Thomas J. Cone
2405 NW 23rd Terrace
Gainesville, FL 32605

Dr. Edward M. Copeland, III
Surgeon
Department of Surgery
University of Florida
J. Hillis Miller Health Center
P.O. Box 100286
Gainesville, FL 32610

Dr. Richard W. Cunningham
Medical Liaison Director
North Florida Regional Medical
Center
Administration
P.O. Box 147006
Gainesville, FL 32614-7006

Mr. Craig Curry
Senior Vice President
Signature Insurance Group
47 SW 17th Street
Ocala, FL 34474

Mr. William H. Evans
SunBank/North Central Florida
Chairman and CEO
P.O. Box 310
Ocala, FL 34478

Mr. Ben O. Franklin, III
President
Frankin Crates, Inc.
P.O. Box 279
Micanopy, FL 32667

Mr. James H. Greene
Vice President
Greene & Rowe Investments, Inc.
5341 SW 91st Terrace, Suite A
Gainesville, FL 32608

Mr. Samuel N. Holloway
Independent Agent
Sam N. Holloway Insurance
1405 NW 13th Street
Gainesville, FL 32601

Dr. Christopher M. James
2705 NW 23rd Terrace
Gainesville, FL 32605

Mr. James R. Jernigan
Photographer
Jim Jernigan, Inc.
2017 SE 8th Street
Ocala, FL 34471

Mr. J. Michael O'Farrell, Jr.
President
Ocala Stud
P.O. Box 818
Ocala, FL 34478

Mr. Charles R. Perry
Owner
Charles R. Perry Construction
P.O. Drawer 1088
Gainesville, FL 32602

Mr. William B. Ray
(Retired)
1331 SE 5th Street
Ocala, FL 34471

Mr. Davis M. Rembert
Chairman
United Fuels Corporation
P.O. Box 5849
Gainesville, FL 32602

Mr. James E. Sproull, Jr.
President
SunBank/North Central Florida
P.O. Box 310
Ocala, FL 34478

Mr. James H. Williams
President
River Grove, Inc.
P.O. Box 2077
Ocala, FL 34478

Mr. Jimmy O. Williams
Executive Vice President
SunBanks, Inc.
P.O. Box 2848
Orlando, FL 32802

Mr. Robert L. Woody
608 SE 12th Street
Gainesville, FL 32601