

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Martham 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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1910		3a. Date of Last Report 02/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0202470		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DENYER, DAVID R 203 E SILVER SPRINGS BLVD. OCALA FL 34470				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 FL			

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

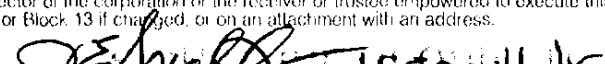
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	<input type="checkbox"/> DELETE		1.1 TITLE	CEOD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, WILLIAM J			1.2 NAME	Evans, William H.		
STREET ADDRESS	POST OFFICE BOX 310			1.3 STREET ADDRESS	PO Box 310 N/A		
CITY-ST-ZIP	OCALA FL 34478			1.4 CITY-ST-ZIP	Ocala, FL 34478-0310	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPROULL, JAMES E JR.			2.2 NAME	Sproull, James E. Jr.		
STREET ADDRESS	POST OFFICE BOX 310			2.3 STREET ADDRESS	PO Box 310 N/A		
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP	Ocala, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JIMMY O			3.2 NAME	Williams, Jimmy O		
STREET ADDRESS	POST OFFICE BOX 2848			3.3 STREET ADDRESS	PO Box 2848 N/A		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JERNIGAN, JAMES R			4.2 NAME	Curry, Craig		
STREET ADDRESS	2017 SE 8TH STREET			4.3 STREET ADDRESS	47 SW 17th Street		
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP	Ocala, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAY, WILLIAM B			5.2 NAME	Ray, William B		
STREET ADDRESS	1331 SE 5TH STREET			5.3 STREET ADDRESS	1331 SE 5th Street		
CITY-ST-ZIP	OCALA FL			5.4 CITY-ST-ZIP	Ocala, FL		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKLIN, BEN O III			6.2 NAME	Franklin, Ben O III		
STREET ADDRESS	POST OFFICE BOX 275			6.3 STREET ADDRESS	PO Box 275 N/A		
CITY-ST-ZIP	MICANOPY FL			6.4 CITY-ST-ZIP	Micanopy, FL		

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  7/23/97 12/20/1910

CR2E034 (4/97)