

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90052 011 ***150.00

DOCUMENT # 004902

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

3. Date Incorporated or Qualified

12/20/1910

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, LEE
203 E SILVER SPRINGS BLVD
OCALA FL 34470**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 ☐ DELETE
NAME **CEOD**
STREET ADDRESS **EVANS, WILLIAM H**
CITY-ST-ZIP **P O BOX 310 N/A**
OCALA FL 10

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SPROULL, JAMES E JR.**
CITY-ST-ZIP **P O BOX 310 N/A**
OCALA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, JIMMY O**
CITY-ST-ZIP **P O BOX 2848 N/A**
ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CURRY, CRAIG**
CITY-ST-ZIP **47 SW 17TH ST**
OCALA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **RAY, WILLIAM B**
CITY-ST-ZIP **1331 SE 5TH STREET**
OCALA FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **O'Farrell, J. Michael Jr.**
5.4 CITY-ST-ZIP **PO Box 818**
Ocala, FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FRANKLIN, BEN O III**
CITY-ST-ZIP **P O BOX 275 N/A**
MICANOPY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/99

Date

(850) 368-6293

Daytime Phone #

CR2E034 (11/98)