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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 018152 (9)
1. Corporation Name
SUNTRUST BANK, WEST FLORIDA

Principal Place of Business
220 WEST GARDEN ST.
P.O. BOX 510
PENSACOLA FL 32593-0510
US

Mailing Address
220 WEST GARDEN ST.
P.O. BOX 510
PENSACOLA FL 32593-0510
US



2. Principal Place of Business 21 220 West Garden St. 22 Suite, Apt. #, etc. 23 City & State 24 Pensacola, FL 25 Zip 32501 26 Country US	2a. Mailing Address 26 P.O. Box 510 27 Suite, Apt. #, etc. 28 City & State 29 Pensacola, FL 30 Zip 32593-0510 31 Country US	3. Date Incorporated or Qualified 12/22/1932 3a. Date of Last Report 07/08/1996 4. FEI Number 59-0202450 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent TOUCEY, LINDA 220 WEST GARDEN ST. PENSACOLA FL 32501	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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

For agent, 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	D FARRELL, STEPHEN 220 WEST GARDEN ST. PENSACOLA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, STEPHEN	1.2 NAME	
STREET ADDRESS	220 WEST GARDEN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D BOKAS, GEORGE V 220 WEST GARDEN ST. PENSACOLA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOKAS, GEORGE V	2.2 NAME	
STREET ADDRESS	220 WEST GARDEN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D HULL JR., W. DECK 220 WEST GARDEN ST. PENSACOLA FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL JR., W. DECK	3.2 NAME	
STREET ADDRESS	220 WEST GARDEN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D BROWN, GERALD L 220 WEST GARDEN ST. PENSACOLA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GERALD L	4.2 NAME	
STREET ADDRESS	220 WEST GARDEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	C DURHAN, MICHAEL D 220 WEST GARDEN ST. PENSACOLA FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAN, MICHAEL D	5.2 NAME	
STREET ADDRESS	220 WEST GARDEN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	V BAILEY, THOMAS R 220 WEST GARDEN ST. PENSACOLA FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, THOMAS R	6.2 NAME	
STREET ADDRESS	220 WEST GARDEN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97 904-4351410
Date Daytime Phone #