


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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90021 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 018152 1. Corporation Name SUNTRUST BANK, WEST FLORIDA					
Principal Place of Business 220 WEST GARDEN ST. PENSACOLA FL 32593-0510 US			Mailing Address P.O. BOX 510 PENSACOLA FL 32593-0510 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/22/1932	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0202450 Applied For <input type="checkbox"/> Not Applicable	
City & State 23 Pensacola, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32501 Country 25		Zip 29 Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TENER, MICKEY 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		
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	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, DONALD E.	2.2 NAME	D Jackson, Ronald E.		
STREET ADDRESS	220 WEST GARDEN ST.	2.3 STREET ADDRESS	220 West Garden Street		
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	Pensacola, FL 32501		
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, III P LLOYD	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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:

Thomas R. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Bailey

4-1-99

850-435-1410

Date

Daytime Phone #

CR2E034 (11/98)