

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 17 1996 8:00 am
Secretary of State

DOCUMENT # 406267 (5)

1. Corporation Name

SUNTRUST SERVICE CORPORATION

Principal Place of Business

Mailing Address

250 PIEDMONT AVENUE, CTR 4023
PO BOX 4418
ATLANTA GA 30302

250 PIEDMONT AVENUE, CTR 4023
PO BOX 4418
ATLANTA GA 30302



3. Date Incorporated or Qualified 08/04/1972	3a. Date of Last Report 04/03/1995
4. FEI Number 59-1406268	Applied For Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

THORPE, JANET C.
200 S. ORANGE AVE.
ORLANDO FL 32801

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 the applicable

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	ASH, THOMAS	1.2 NAME	
STREET ADDRESS	250 PIEDMONT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	
NAME	WHITEHEAD, ROBERT	2.2 NAME	
STREET ADDRESS	250 PIEDMONT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	
NAME	HORTON, ROBERT	3.2 NAME	
STREET ADDRESS	250 PIEDMONT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MAKANT, KENNETH L.	4.2 NAME	
STREET ADDRESS	250 PIEDMONT AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	SPIEGEL, JOHN W.	5.2 NAME	
STREET ADDRESS	25 PARK PLACE, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	JUSTICE, JAMIE	6.2 NAME	
STREET ADDRESS	250 PIEDMONT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth L. Makant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96 404/230-1969
Display Photo #

CR2E034 (3/96)