

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 845620 (4)

1. Corporation Name
SUNTRUST MORTGAGE, INC.



Principal Place of Business Mailing Address
**360 INTERSTATE NORTH PARKWAY
SUITE 600
ATLANTA GA 30339
US** **P O BOX 4333
ATLANTA GA 30302
US**

3. Date Incorporated or Qualified **04/01/1980** 3a. Date of Last Report **04/03/1995**
4. FEI Number **58-0132920** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORPE, JANET
200 S. ORANGE AVE.
SUN BANK N.A., 10TH FLOOR LEGAL DEPT.
ORLANDO FL 32801**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMANN, L PHILLIP	
STREET ADDRESS	25 PARK PLACE, N E	
CITY- ST- ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEARN, ROBERT W., JR.	
STREET ADDRESS	360 INTERSTATE N PKW, STE 600	
CITY- ST- ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLLISTER, JOHN	
STREET ADDRESS	25 PARK PLACE NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SMITH, J. CARLTON	
STREET ADDRESS	360 INTERST. N. PARKWAY	
CITY- ST- ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPIEGEL, JOHN W.	
STREET ADDRESS	25 PARK PL, NE	
CITY- ST- ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNING, DONALD S.	
STREET ADDRESS	25 PARK PLACE, N. E.	
CITY- ST- ZIP	ATLANTA GE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John C. Hollister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Hollister

1/24/96

404-588-8594

Date

Daytime Phone #

CR2E034 (12/95)