

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90089 005 ***150.00

DOCUMENT # 845620

1. Corporation Name

SUNTRUST MORTGAGE, INC.

Principal Place of Business

**211 PERIMETER CENTER PARKWAY
ATLANTA GA 30346
US**

Mailing Address

**P O BOX 4333
ATLANTA GA 30302
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1980

4. FEI Number

58-0132920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **LONG, ROBERT R**
STREET ADDRESS **1 PARK PLACE NE**
CITY-ST-ZIP **ATLANTA GA**

TITLE **PD** ☐ DELETE

NAME **RALPH B. CARRIGAN**
STREET ADDRESS **211 PERIMETER CENTER PARKWAY**
CITY-ST-ZIP **ATLANTA GA**

TITLE **S** ☐ DELETE

NAME **HOLLISTER, JOHN**
STREET ADDRESS **25 PARK PLACE NE**
CITY-ST-ZIP **ATLANTA GA**

TITLE **EVPT** ☐ DELETE

NAME **JOHN A. TAYLOR**
STREET ADDRESS **211 PERIMETER CENTER PARKWAY**
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☐ DELETE

NAME **SPIEGEL, JOHN W.**
STREET ADDRESS **303 PEACHTREE ST. N.E.**
CITY-ST-ZIP **ATLANTA GA**

TITLE **DC** ☐ DELETE

NAME **DOWNING, DONALD S.**
STREET ADDRESS **303 PEACHTREE ST. N.E.**
CITY-ST-ZIP **ATLANTA GE**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Date

Daytime Phone #

2-17-99 404-588-8594

CR2E034 (11/98)