

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90245 032 ***150.00

DOCUMENT # G37154

1. Corporation Name

SUNTRUST PROPERTIES, INC.

Principal Place of Business

% JANET C. THORPE
200 SOUTH ORANGE AVE.
ORLANDO FL 32801

Mailing Address

PO BOX 4418, CTR 633
ATLANTA GA 30302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1983

4. FEI Number

59-2928057

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THORPE, JANET C.
200 SOUTH 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ARRIETA, JORGE
STREET ADDRESS 25 PARK PLACE
CITY-ST-ZIP ATLANTA GA

TITLE SD ☐ DELETE
NAME BITLER, HAROLD P
STREET ADDRESS 25 PARK PL NE
CITY-ST-ZIP ATLANTA GA

TITLE CD ☐ DELETE
NAME O'HALLORAN, WILLIAM P.
STREET ADDRESS 25 PARK PLACE NE
CITY-ST-ZIP ATLANTA GA

TITLE TD ☐ DELETE
NAME BRENNER, PHILIP Margaret L. Fisher
STREET ADDRESS 25 PARK PLACE NE
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ DELETE
NAME ACOSTA, ROLAND H
STREET ADDRESS 200 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

303 Peachtree St.

1.4 CITY-ST-ZIP

30308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

303 Peachtree St.

2.4 CITY-ST-ZIP

30308

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
Harold Bitler

4/8/99 (404) 588-7449
Date Daytime Phone #

CR2E034 (11/98)