


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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H96311** (6)

1. Corporation Name
SUNTRUST BANK, TAMPA BAY

Principal Place of Business 401 EAST JACKSON STREET 20TH FLOOR TAMPA FL 33602	Mailing Address PO BOX 3303 M C 4200 TAMPA FL 33601-3303
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2806930	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANN, THOMAS A II 401 E. JACKSON ST. 10TH FLOOR MAIL CODE 4103 TAMPA FL 33602		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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTZER, CARL F	1.2 NAME	
STREET ADDRESS	401 E JACKSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSEY, GEORGE F.	2.2 NAME	
STREET ADDRESS	275 4TH ST. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUGELMANN, PETER	3.2 NAME	
STREET ADDRESS	10319 RAINBRIDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See attached	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **1-31-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

SUNTRUST BANK, TAMPA BAY
12/31/96

OFFICERS:

Carl F. Mentzer	Chairman and Chief Executive Officer
Thomas G. Kuntz	President and Chief Operating Officer
Graham G. Anderson	Executive Vice President
Fred O. Dobbins	Executive Vice President
Paul J. Hanna	Executive Vice Pres./Sr. Trust Officer
Kevin H. Kilgannon	Executive Vice President
Peter Kugelmann	Sr. Vice President/Cashier, Secretary
Robert W. Olson	Sr. Vice President/Chief Financial Officer

Address for all officers: 401 E. Jackson St., Tampa, FL 33602

DIRECTORS:

Girard F. Anderson	Carl F. Mentzer, Chairman
Dr. Peter H. Armacost	James L. Redman
James R. Harper	Lance C. Ringhaver
Fred M. Hirons, III	Bruce A. Samson
Theodore J. Hoepner	Harry E. Teasley, Jr.
Richard Korpan	J. Hulon Williams, III
Thomas G. Kuntz	George F. Wilsey
Walter I. Larson	

Address for all directors: 401 E. Jackson St., Tampa, FL 33602