FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:09

DOCUMENT # **K30596** **(6)**

1. Corporation Name
SOUTHTRUST BANK OF THE SUNCOAST

Principal Place of Business	Mailing Address
BOX 4705 SARASOTA FL 34230-1705	BOX 4705 SARASOTA FL 34230-1705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/31/1989**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business 21: **1800 Second Street**
Suite, Apt. #, etc. 22:
City & State 23: **Sarasota**
Zip 24: **34236** Country 25: **Sarasota**

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **65-0079192** ☐ 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

9. Name and Address of Current Registered Agent	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MURPHY, CHARLES O	1.2 NAME	Chidsey, John W., Dr.	
STREET ADDRESS	1800 2ND ST	1.3 STREET ADDRESS	1219 East Avenue South	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	P	2.1 TITLE	D DELETION	☒ Change ☐ Addition
NAME	CHIDSEY, JOHN W. DR.	2.2 NAME	Rollings, C. Dana	
STREET ADDRESS	1219 EAST AVE S	2.3 STREET ADDRESS	2815 Proctor Road	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ROLLINGS, C. DANA	3.2 NAME	Smith, George T.	
STREET ADDRESS	2815 PROCTOR RD	3.3 STREET ADDRESS	408 53rd Avenue West	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Bradenton, FL 34207	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NATHERSON, RUSSELL S.	4.2 NAME	Elliott, Robert H.	
STREET ADDRESS	1801 GLENGARY ST	4.3 STREET ADDRESS	7184 Beneva Road	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDS, CHARLES E.	5.2 NAME		
STREET ADDRESS	3111 57TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348178 CP