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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P06918 (7)

1. Corporation Name
SUNTRUST BANKS, INC.



Principal Place of Business

Mailing Address

**25 PARK PLACE
 P.O. BOX 4418 CTR. 632
 ATLANTA GA 30308
 US**

**25 PARK PLACE
 P.O. BOX 4418 CTR. 632
 ATLANTA GA 30303-2800
 US**

3. Date Incorporated or Qualified 07/30/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1575035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORPE, JANET
 200 S. ORANGE AVENUE
 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: _____ (NOTE: Registered Agent's signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	CD WILLIAMS, JAMES B. 25 PARK PLACE, N.E. ATLANTA GA	<input type="checkbox"/> DELETE	
	V O'HALLORAN, WILLIAM P 25 PARK PLACE, N.E. ATLANTA GA	<input type="checkbox"/> DELETE	
	VS FORTIN, RAYMOND D. 25 PARK PLACE NE ATLANTA GA	<input type="checkbox"/> DELETE	
	PD HUMANN, L PHILLIP 25 PARK PLACE, N.E. ATLANTA GA	<input type="checkbox"/> DELETE	
	V WOOD, JENNER E III 25 PARK PLACE, N.E. ATLANTA GA	<input type="checkbox"/> DELETE	
	V SPIEGEL, JOHN W. 25 PARK PLACE, N.E. ATLANTA GA	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION

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 included 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: Raymond D. Fortin *Raymond Fortin* **3-1-97 404 588-7165**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)