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PROFIT CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092955 (0)

SUN TRUST ANNUITIES, INC.

Mailing Address Principal Place of Business 200 SOUTH ORANGE AVE. P.O. BOX 2848 ORLANDO FL 32801 ORLANDO FL 32802 2. Principal Place of Business 2a. Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1995 4. FEI Number Applied For Not Applicable 59-3350422 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes K No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THORPE, JANET C 200 SOUTH ORANGE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 City Zip Code 65 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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 registerest agent and trie if applicable (NOTE_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change **DEUTSCH, HUNTING** NAME 1.2 NAME 200 SOUTH ORANGE AVE. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY - ST - Z/P X Change TITLE DELETE ☐ Addition 21 TITLE HALE, WALTER Hale, R. Walter NAME 2.2 NAME 25 PARK PLACE N.E. 424 Church Street STREET ADDRESS 2.3 STREET ADORESS ATLANTA GA 30303 Nashville, TN 37219 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE K Change Addition TITLE 3.1 TITLE HEARN, WILLIAM NAME 3.2 NAME Hearn, William 28 PARK PLACE N.E. STREET ADDRESS 3.3 STREET ADDRESS 303 Peachtree Street, N.E. ATLANTA GA 30303 CITY-ST-ZIP 3.4. CITY - ST - ZIP Atlanta, GA 30308 Change DELETE TITLE 4.1 TITLE Addition NAME **BOWERS. TODD** 4. 2 NAME 200 SOUTH ORANGE AVE. STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE GARCIA DEL BUSTO, OREN NAME 5.2 NAME 200 SOUTH ORANGE AVE. STREET ADDRESS 5 3 STREET ADDRESS ORLANDO FL 32801 CATY-ST-ZIP 5.4 CiTY - ST - 7iP DELETE Change Addition TITLE 61 TITLE URBAN, JOSEPH NAME 6.2 NAME Dickinson, Georgett B. 25 PARK PLACE STREET ADDRESS 6.3 STREE1 ADDRESS 303 Peachtree Street, N.E., MC 643

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 suppliemental 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.