

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**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90004 011 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

SUNTRUST ANNUITIES, INC.

Principal Place of Business

200 South Orange Avenue  
Orlando, FL 32801

Mailing Address

P.O. Box 2848  
Orlando, FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1995

4. FEI Number

59-3350422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

**9. Name and Address of Current Registered Agent**

Thorpe, Janet C.  
200 South Orange Avenue  
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	<input type="checkbox"/> DELETE
NAME	DEUTSCH, HUNTING	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALE, R. WALTER	
STREET ADDRESS	424 CHURCH STREET	
CITY-ST-ZIP	NASHVILLE, TN 37219	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEARN, WILLIAM	
STREET ADDRESS	303 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA, GA 30308	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOWERS, TODD	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARCIA DEL BUSTO, OREN	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DICKINSON, GEORGETT B.	
STREET ADDRESS	303 PEACHTREE ST. N.E., 30th FLOOR	
CITY-ST-ZIP	ATLANTA, GA 30308	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Georgett B. Dickinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1999

Date

(404) 588-8627

Daytime Phone #

CR2E034 (11/98)