

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000058788 (5)**  
 1. Corporation Name  
**SUNTRUST INSURANCE SERVICES (FLORIDA), INC.**



Principal Place of Business <b>1675 LAKE BUENA VISTA BOULEVARD LAKE BUENA VISTA FL 32830</b>	Mailing Address <b>1675 LAKE BUENA VISTA BOULEVARD LAKE BUENA VISTA FL 32830</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>26</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3.** Date Incorporated or Qualified  
**07/03/1997**

**4.** FEI Number  
**59-3457991**

**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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

**THORPE, JANET C**  
**200 S. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C D P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSEY, MICHAEL</b>	1.2 NAME	<b>KINSEY, MICHAEL A.</b>
STREET ADDRESS	<b>303 PEACHTREE STREET N.E., SUITE 840</b>	1.3 STREET ADDRESS	<b>303 PEACHTREE STREET N.E., SUITE 840</b>
CITY-ST-ZIP	<b>ATLANTA GA 30308</b>	1.4 CITY-ST-ZIP	<b>ATLANTA, GA 30308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVISON, WILLIAM H</b>	2.2 NAME	<b>YORK, WILLIAM K., JR.</b>
STREET ADDRESS	<b>120 S. RIDGEWOOD AVENUE</b>	2.3 STREET ADDRESS	<b>303 PEACHTREE STREET N.E., SUITE 960</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	2.4 CITY-ST-ZIP	<b>ATLANTA, GA 30308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUKE, R.A.</b>	3.2 NAME	<b>ARWOOD, TEDDY R.</b>
STREET ADDRESS	<b>736 MARKET STREET</b>	3.3 STREET ADDRESS	<b>1675 LAKE BUENA VISTA BOULEVARD</b>
CITY-ST-ZIP	<b>CHATTANOOGA TN 37402</b>	3.4 CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL 32830</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLOYD, JOHN B</b>	4.2 NAME	<b>TATUM, MYRA G.</b>
STREET ADDRESS	<b>50 HURT PLAZA, SUITE 1110</b>	4.3 STREET ADDRESS	<b>736 MARKET STREET, M0640</b>
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	4.4 CITY-ST-ZIP	<b>CHATTANOOGA, TN 37401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES, EDWARD B JR</b>	5.2 NAME	<b>WILLIAMS, JIMMY O.</b>
STREET ADDRESS	<b>ONE PARK PLACE, N.E.</b>	5.3 STREET ADDRESS	<b>200 SOUTH ORANGE AVENUE, WEST TOWER 6</b>
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>	5.4 CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, DENNIS M</b>	6.2 NAME	
STREET ADDRESS	<b>303 PEACHTREE ST., N.E. SUITE 840</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30308</b>	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.

SIGNATURE: *Myra G. Tatum* **1/28/98** (423) 757-3248

CR2E034 (10/97)