

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90040 038 ***150.00

DOCUMENT # P97000058788

1. Corporation Name

SUNTRUST INSURANCE SERVICES (FLORIDA), INC.

Principal Place of Business

1675 LAKE BUENA VISTA BOULEVARD
LAKE BUENA VISTA FL 32830

Mailing Address

1675 LAKE BUENA VISTA BOULEVARD
LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

59-3457991

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

2a. Mailing Address

26 P.O. BOX 1638

Suite, Apt. #, etc.

27 TN-CHATTANOOGA-0640

City & State

28 CHATTANOOGA, TN

Zip

Country

29 37401-1638

USA

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

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 CDP ☐ DELETE

NAME KINSEY, MICHAEL
STREET ADDRESS 303 PEACHTREE STREET N.E., SUITE 840
CITY-ST-ZIP ATLANTA GA 30308

TITLE D ☐ DELETE

NAME DAVISON, WILLIAM H
STREET ADDRESS 120 S. RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ DELETE

NAME DUKE, R.A.
STREET ADDRESS 736 MARKET STREET
CITY-ST-ZIP CHATTANOOGA TN 37402

TITLE D ☐ DELETE

NAME FLOYD, JOHN B
STREET ADDRESS 50 HURT PLAZA, SUITE 1110
CITY-ST-ZIP ATLANTA GA 30303

TITLE D ☐ DELETE

NAME JAMES, EDWARD B JR
STREET ADDRESS ONE PARK PLACE, N.E.
CITY-ST-ZIP ATLANTA GA 30303

TITLE D ☐ DELETE

NAME PATTERSON, DENNIS M
STREET ADDRESS 303 PEACHTREE ST., N.E. SUITE 840
CITY-ST-ZIP ATLANTA GA 30308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition

1.2 NAME KINSEY, MICHAEL A.
1.3 STREET ADDRESS 303 PEACHTREE STREET N.E., SUITE 840
1.4 CITY-ST-ZIP ATLANTA, GA 30308

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME ARROWOOD, TEDDY R.
2.3 STREET ADDRESS 1675 LAKE BUENA VISTA BOULEVARD
2.4 CITY-ST-ZIP LAKE BUENA VISTA, FL 32830

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME MURPHY, JAMES A.
3.3 STREET ADDRESS 303 PEACHTREE STREET N.E., SUITE 960
3.4 CITY-ST-ZIP ATLANTA, GA 30308

4.1 TITLE ST ☐ Change ☐ Addition

4.2 NAME TATUM, MYRA G.
4.3 STREET ADDRESS 736 MARKET STREET, MO640
4.4 CITY-ST-ZIP CHATTANOOGA, TN 37402

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME WILLIAMS, JIMMY O.
5.3 STREET ADDRESS 200 SOUTH ORANGE AVENUE, WEST TOWER 6
5.4 CITY-ST-ZIP ORLANDO, FL 32801

6.1 TITLE ☐ Change ☐ 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: MYRA G. TATUM, SECRETARY-TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(423) 757-3248

CR2E034 (1/198)