

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90040 038 ***150.00

0569592

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3457991	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> This corporation owes the current year Intangible Personal Property Tax.	
USA		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THORPE, JANET C 200 S. ORANGE AVENUE ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSEY, MICHAEL	1.2 NAME	KINSEY, MICHAEL A.
STREET ADDRESS	303 PEACHTREE STREET N.E., SUITE 840	1.3 STREET ADDRESS	303 PEACHTREE STREET N.E., SUITE 840
CITY-ST-ZIP	ATLANTA GA 30308	1.4 CITY-ST-ZIP	ATLANTA, GA 30308
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVISON, WILLIAM H	2.2 NAME	ARROWOOD, TEDDY R.
STREET ADDRESS	120 S. RIDGEWOOD AVENUE	2.3 STREET ADDRESS	1675 LAKE BUENA VISTA BOULEVARD
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL - 32830
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUKE, R.A.	3.2 NAME	MURPHY, JAMES A.
STREET ADDRESS	736 MARKET STREET	3.3 STREET ADDRESS	303 PEACHTREE STREET N.E., SUITE 960
CITY-ST-ZIP	CHATTANOOGA TN 37402	3.4 CITY-ST-ZIP	ATLANTA, GA 30308
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, JOHN B	4.2 NAME	TATUM, MYRA G.
STREET ADDRESS	50 HURT PLAZA, SUITE 1110	4.3 STREET ADDRESS	736 MARKET STREET, M0640
CITY-ST-ZIP	ATLANTA GA 30303	4.4 CITY-ST-ZIP	CHATTANOOGA, TN 37402
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, EDWARD B JR	5.2 NAME	WILLIAMS, JIMMY O.
STREET ADDRESS	ONE PARK PLACE, N.E.	5.3 STREET ADDRESS	200 SOUTH ORANGE AVENUE, WEST TOWER 6
CITY-ST-ZIP	ATLANTA GA 30303	5.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PATTERSON, DENNIS M	6.2 NAME	
STREET ADDRESS	303 PEACHTREE ST., N.E. SUITE 840	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308	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 *3/8/99* (423) 757-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)