

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

FILED

May 05 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V69849**  
1. Corporation Name  
**SUNTRUST BANK, GULF COAST**

Principal Place of Business 1777 MAIN STREET SARASOTA FL 34236 US	Mailing Address P.O BOX 2136 SARASOTA FL 34230 US
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05/05/99 90016 025 150 00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>01/01/1993</b>	4. FEI Number <b>58-2565490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>Joan M. Balmer</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>21260 Olean Blvd.</b>
83
84 City <b>Port Charlotte</b>
85 FL
86 Zip Code <b>33952</b>

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 607.0506, Florida Statutes.

SIGNATURE: Joan M. Balmer **Joan M. Balmer** **SVP/Cashier** **April 26, 1999**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLICH, WILLIAM R.</b>	1.2 NAME	
STREET ADDRESS	<b>1777 MAIN STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President &amp; COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAUMANN, CHARLES R</b>	2.2 NAME	<b>Ray L. Sandhagen</b>
STREET ADDRESS	<b>1777 MAIN STREET</b>	2.3 STREET ADDRESS	<b>1777 Main Street</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCHARD, EDWARD E 111</b>	3.2 NAME	
STREET ADDRESS	<b>1777 MAIN STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIBBLE, JOHN R</b>	4.2 NAME	
STREET ADDRESS	<b>1777 MAIN STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUSKEY, MARVIN T</b>	5.2 NAME	
STREET ADDRESS	<b>1777 MAIN ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROYAL, RON A</b>	6.2 NAME	
STREET ADDRESS	<b>1777 MAIN ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</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, with all other like empowerments.

SIGNATURE: William R. Klich **William R. Klich** **April 28, 1999**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)

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