SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **018152** **(9)**

1. Corporation Name
SUNTRUST BANK, WEST FLORIDA

Principal Place of Business	Mailing Address
220 WEST GARDEN ST. P.O. BOX 510 PENSACOAL FL 32593-0510 US	220 WEST GARDEN ST. P.O. BOX 510 PENSACOLA FL 32593-0510 US

3. Date Incorporated or Qualified: **12/22/1932**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0202450** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DRAHMAN, GAIL L
220 WEST GARDEN ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: Linda Toucey
82 Street Address (P.O. Box Number is Not Acceptable): 220 West Garden Street
83
84 City: Pensacola **FL** 85 Zip Code: 32501

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: Linda Toucey AVP / Deposit Operations Manager DATE: 6/25/96
Signature, typed or printed name of individual with authority to act as agent and office held (if applicable)
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FARRELL, STEPHEN	
STREET ADDRESS	220 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	BOKAS, GEORGE V	
STREET ADDRESS	220 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	HULL JR., W. DECK	
STREET ADDRESS	220 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	C	☐ DELETE
NAME	BROWN, GERALD L	
STREET ADDRESS	220 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	C	☐ DELETE
NAME	DURAN, MICHAEL D	
STREET ADDRESS	220 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☒ DELETE
NAME	LEWIS, JAMES E JR	
STREET ADDRESS	220 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	000001886730 -07/08/96--01081--024 ***225.00	☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☒ Change ☐ Addition
52 NAME	Durhan, Michael D.	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	V	☐ Change ☒ Addition
62 NAME	Bailey, Thomas R.	
63 STREET ADDRESS	220 West Garden Street	
64 CITY-ST-ZIP	Pensacola, FL 32501	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas R. Bailey Thomas R. Bailey 6/5/96 904-435-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0182901 FP