

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 413972 (1)

1. Corporation Name
SUWANNEE VALLEY INVESTMENTS INC



Principal Place of Business: 2202 N YOUNG BLVD, 406, CHIEFLND FL 32626, US
Mailing Address: C/O MARVIN RHOADES, PO BOX 746, BRONSON FL 32621

3. Date Incorporated or Qualified: 12/04/1972
3a. Date of Last Report: 05/10/1995
4. FEI Number: 59-1494581
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

RHOADES, MARVIN
LCR 337 NE
BRONSON FL 32621

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Marvin Rhoades Pres.* Date: *4/8/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	RHOADES, MARVIN	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2202 N. YOUNG BLVD.	12 NAME:	
STREET ADDRESS:	CHIEFLND FL 32626	13 STREET ADDRESS:	
CITY- ST- ZIP:		14 CITY- ST- ZIP:	
TITLE: VP	GILLIS, TAMMY	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2202 N. YOUNG BLVD.	22 NAME:	
STREET ADDRESS:	CHIEFLND FL 32626	23 STREET ADDRESS:	
CITY- ST- ZIP:		24 CITY- ST- ZIP:	
TITLE: ST	RHOADES, HELEN,	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2202 N. YOUNG BLVD.	32 NAME:	
STREET ADDRESS:	CHIEFLND FL 32626	33 STREET ADDRESS:	
CITY- ST- ZIP:		34 CITY- ST- ZIP:	
TITLE:		41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY- ST- ZIP:		44 CITY- ST- ZIP:	
TITLE:		51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY- ST- ZIP:		54 CITY- ST- ZIP:	
TITLE:		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY- ST- ZIP:		64 CITY- ST- ZIP:	

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)(g), 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, but 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 or appointment with an address.

SIGNATURE: *Marvin Rhoades* 4/8/96 352-493-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)