

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 340371

(4)

1. Corporation Name

STEPHEN FOSTER ENTERPRISES OF SUWANNEE COUNTY, I
NC.

Principal Place of Business

SUWANNEE COUNTY INC
948 ARREDONDA ST
LAKE CITY FL 32055

Mailing Address

SUWANNEE COUNTY INC
948 ARREDONDA ST
LAKE CITY FL 32025-5712



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/20/1969

3a. Date of Last Report

03/18/1996

4. FEI Number

59-1260400

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

DAUGHTRY JR, O P
948 ARREDONDA ST
LAKE CITY FL 32055

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

(Print or type name of person signing this statement, if applicable)

(If "X" Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD
12.2 STREET ADDRESS DAUGHTRY JR, O P
12.3 CITY-STATE-ZIP 948 ARREDONDO ST.
12.4 CITY-STATE-ZIP LAKE CITY FL
12.5 TITLE D
12.6 NAME DAUGHTRY, BETTY J
12.7 STREET ADDRESS 948 ARREDONDO ST.
12.8 CITY-STATE-ZIP LAKE CITY FL
12.9 TITLE T
12.10 NAME DAUGHTRY, BETTY J
12.11 STREET ADDRESS 948 ARREDONDO ST.
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12.100 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE
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13.99 STREET ADDRESS
13.100 CITY-STATE-ZIP

14. I declare under penalty of perjury that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the
information contained 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, as changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.P. DAUGHTRY JR

3-18-97

904-752-9496

Date

Daytime Phone #

CR2E034 (9/96)