FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **364102** **(4)**

1. Corporation Name
SUWANNEE RIVER COVE INC

Principal Place of Business
RT. 3 BOX 120
BRANFORD FL 32008

Mailing Address
RT. 3 BOX 120
BRANFORD FL 32008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1970
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-1405366 — 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 Ch. 199, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MURFEE, BETTY LOUISE
RT. 3 BOX 120
BRANFORD FL 32008

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 607.0505 and 607.0508, 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 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MURFEE, SAMUEL E.
STREET ADDRESS	RT. 3 BOX 121
CITY, ST, ZIP	BRANFORD, FL 00000
TITLE	PD
NAME	MURFEE, BETTY LOUISE
STREET ADDRESS	RT. 3 BOX 120
CITY, ST, ZIP	BRANFORD, FL 00000
TITLE	DST
NAME	MURFEE, LURA L.
STREET ADDRESS	RT. 3 BOX 122
CITY, ST, ZIP	BRANFORD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☒ Change ☐ Addition
NAME	LURA M. SAPP	
STREET ADDRESS		
CITY, ST, ZIP	Name chg. only	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(i), Florida Statutes. Further I certify that the information contained in the 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 above or on an attached sheet with an address.

SIGNATURE: Betty Louise Murfee, Pres. — 5/2/95 — 904-935-1666
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER
Betty Louise Murfee

0400950 FP