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

FILED
95 JAN 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 401593 (9)

1. Corporation Name

SUWANNEE RIVER PROPERTIES, INC

Principal Place of Business	Mailing Address
C/O JOHN DOYLE THOMAS P.O. BOX 339 CROSS CITY FL 32628	C/O JOHN DOYLE THOMAS P.O. BOX 339 CROSS CITY FL 32628

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 05/22/1972
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1434022 ☐ 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

THOMAS,J DOYLE
STATE HW 351
CROSS CITY FL 32628

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
S	THOMAS, DOYLE J.	STATE HWY 351	CROSS CITY FL
V	YOUNG,JOHN ROBERT	14041 82ND AVE N.	SEMINOLE FL
PD	KNIGHT, LAWRENCE	STATE HWY 349	OLD TOWN FL
D	CHEWNING SR,HAL	STATE HWY 351	CROSS CITY FL
T	GAUSE, ROBERT P.	7 RIVERSIDE DRIVE	TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
1					☐ Change ☐ Addition
2					☐ Change ☐ Addition
3					☐ Change ☐ Addition
4					☐ Change ☐ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

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. 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.

SIGNATURE: J. Doyle Thomas, Secretary 01-17-95 904-498-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412660 FP