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Jan 14 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 # 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 32628-0339

3. Date Incorporated or Qualified 05/22/1972 3a. Date of Last Report 01/23/1996
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

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

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 J. Doyle Thomas J. Doyle Thomas
Signature Typed name of registered agent or director if applicable (NOTE: Registered Agent signature required when reinstating)

01-07-97

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-97

(352) 498-3900

Date

Daytime Phone #

J. Doyle Thomas

0059462

CR2E034 (9/96)